

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007351

FILED
May 07, 2008
Secretary of State

Entity Name: THE ESTATES AT WATROUS PLANTATION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

16266 SAN CARLOS BOULEVARD
SUITE 2
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

16266 SAN CARLOS BOULEVARD
SUITE 2
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

R&A AGENTS, INC.
ATTN: STEVE I. WINER
2320 FIRST STREET #1000
FORT MYERS, FL 339012904 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CLAYPOOL, CHUCK
Address: 16266 SAN CARLOS BLVD. #2
City-St-Zip: FORT MYERS, FL 33908

Title: VD () Delete
Name: CLAYPOOL, CHRIS
Address: 16266 SAN CARLOS BLVD. #2
City-St-Zip: FORT MYERS, FL 33908

Title: STD () Delete
Name: PAYNE, CARRIE
Address: 16266 SAN CARLOS BLVD. #2
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHUCK CLAYPOOL

PD

05/07/2008

Electronic Signature of Signing Officer or Director

Date