

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N14014**

1. Entity Name  
**WATER OAK ESTATE HOMEOWNER'S ASSOCIATION, INC.**



**FILED**

**08 JUL 11 AM 9:10**

**CLERK OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business  
**140 EVERGREEN LN  
LADY LAKE, FL 32159 US**

Mailing Address  
**140 EVERGREEN LN  
LADY LAKE, FL 32159 US**



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

03072008 Chg-NP CR2E037 (12/06)

City & State  
Zip Country

4. FEI Number  
**59-2661166**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BISHOP, DANA L  
801 NELSON DRIVE  
LADY LAKE, FL 32159**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

**400133150864  
07/18/08--01047--004 \*\*\$1.25**

SIGNATURE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FRONTARIO, FRANK 809 BISHOP DRIVE LADY LAKE, FL 32159</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D DOROTHY FOLEY 232 MAPLE DR LADY LAKE, FL 32159</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD REID, JAMES 102 PALM DR LADY LAKE, FL 32159</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BILL BOSCH 505 BISHOP DRIVE LADY LAKE, FL 32159</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SHERRILL, RON 609 HOLLY CIR LADY LAKE, FL 32159</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PETER BRANDT 914 STADLER STREET LADY LAKE, FL 32159</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD BISHOP, DANA 901 NELSON DR LADY LAKE, FL 32159</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RUTH SILER 667 CEDAR LAKE LADY LAKE, FL 32159</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LE CLERK, REGIS 904 ZOELLER STREET LADY LAKE, FL 32159</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DAHL, DAVID 908 LIETZKEL LN LADY LAKE, FL 32159</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Dana L. Bishop **3/8/08 (352) 753-7816**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #