

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N20221

1. Entity Name
**WAKULLA RIVER ESTATES EAST HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**C/O JERRY SHIRAH
71 LIMPkin CT
CRAWFORDVILLE, FL 32327 US**

Mailing Address
**C/O JERRY SHIRAH
71 LIMPkin CT
CRAWFORDVILLE, FL 32327 US**



01102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHIRAH, JERRY
71 LIMPkin CT
CRAWFORDVILLE, FL 32327**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
BRYANT, JOHN
3005 BRANDMERE DRIVE
TALLAHASSEE, FL 32312**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
SHIRAH, KATHLEEN R
71 LIMPkin COURT
CRAWFORDVILLE, FL 32327**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
LENTZ, MARIA
23 LIMPkin CT.
CRAWFORDVILLE, FL 32327**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000178238
01/12/05-80020-001 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-05

Date

850 926 1285

Daytime Phone #