

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39435

FILED  
Jan 25, 2006  
Secretary of State

**Entity Name:** WATER OAKS ESTATES PROPERTY OWNERS ASSOCIATION,INC.

**Current Principal Place of Business:**

P.O. BOX 1153  
GONZALEZ, FL 325608153

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1153  
GONZALEZ, FL 325608153

**New Mailing Address:**

**FEI Number:** 59-2988113

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHONOUR, TINA B  
1379 OAK BEND TRAIL  
CANTONMENT, FL 32533 US

**Name and Address of New Registered Agent:**

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: TREA ( ) Delete  
Name: GARDIPEE, RHONDA  
Address: 1137 OAK RIDGE TRAIL  
City-St-Zip: CANTONMENT, FL 32533

Title: PRES ( ) Delete  
Name: SCHONOUR, TINA B  
Address: 1379 OAK BEND TRAIL  
City-St-Zip: CANTONMENT, FL 32533 US

Title: VP ( ) Delete  
Name: PETERS, FRANKIE A  
Address: 1134 OAK RIDGE TRAIL  
City-St-Zip: CANTONMENT, FL 32533 US

Title: S ( ) Delete  
Name: CHAVERS, BRENDA  
Address: 1121 OAK RIDGE TRAIL  
City-St-Zip: CANTONMENT, FL 32533 US

Title: A ( ) Delete  
Name: FLOYD, JERRY  
Address: 1171 OAK RIDGE TRAIL  
City-St-Zip: CANTONMENT, FL 32533 US

Title: A ( ) Delete  
Name: WILLIAMSON, RONALD E  
Address: 1245 OAK RIDGE TRAIL  
City-St-Zip: CANTONMENT, FL 32533 US

**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:

Title: SEC (X) Change ( ) Addition  
Name: CHAVERS, BRENDA  
Address: 1121 OAK RIDGE TRAIL  
City-St-Zip: CANTONMENT, FL 32533 US

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 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: TINA B. SCHONOUR

PRES

01/25/2006

Electronic Signature of Signing Officer or Director

Date