

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90112 008 ****61.25

DOCUMENT # N95000002528

1. Corporation Name

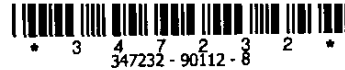
WESTPORT WATERWAYS PRESERVATION ASSOCIATION, INC

Principal Place of Business

Mailing Address

9909 SAN MATEO WAY
PORT RICHEY FL 34668

9909 SAN MATEO WAY
PORT RICHEY FL 34668



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 9903 San Mateo Way

26 9903 San Mateo Way

05/22/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-3326764

Not Applicable

23 Port Richey, FL

28 Port Richey, FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 34668 25 USA

29 34668 30 USA

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCREMIN, CLIFF
9909 SAN MATEO WAY
PORT RICHEY FL 34668

81 Name Robert Stoecher

82 Street Address (P.O. Box Number is Not Acceptable)

9903 San Mateo Way

83

84 Port Richey, FL

85 Zip Code

34668

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]*

3/2/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME SCREMIN, CLIFF
STREET ADDRESS 9909 SAN MATEO WAY
CITY-ST-ZIP PORT RICHEY FL 34668

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME *Commons*
1.3 STREET ADDRESS *Robert Stoecher way*
1.4 CITY-ST-ZIP *9903 San Mateo Port Richey, FL 34668*

TITLE S ☐ DELETE
NAME DOWDY, ANNE
STREET ADDRESS 9834 SAN SEBASTIAN WAY
CITY-ST-ZIP PORT RICHEY FL 34668

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME SNEE, BILL
STREET ADDRESS 9911 SAN SIERRA WAY
CITY-ST-ZIP PORT RICHEY FL 34668

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME NEWMAN, TED
STREET ADDRESS 9831 SAN SIERRA WAY
CITY-ST-ZIP PORT RICHEY FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/99 (727) 845 5144
Date Daytime Phone #

CR2E037 (11/98)