

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 22, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000004768

1. Entity Name
FRESHWATER LAKES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
1127 FRESHWATER LAKES DR.
WEST PALM BEACH, FL 33401

Mailing Address
1127 FRESHWATER LAKES DR.
WEST PALM BEACH, FL 33401



05082008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-1129693
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENLEE, HORACE
1127 FREESHWATER LAKES DR.
WEST PALM BEACH, FL 33401

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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 Horace Greenlee DATE 7/16/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when rechartering)

Filing Fee is \$81.25
Due by September 12, 2008

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

U00000955713
07/22/08-80003-002 61.25

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GREENLEE, HORACE 1127 FRESHWATER LAKES DRIVE WEST PALM BEACH, FL 33401 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD FULTON, STEPHANIE 1143 FRESHWATER LAKES DRIVE WEST PALM BEACH, FL 33401 |
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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: Stephanie Fulton Stephanie Fulton 7/15/08 561-833-9614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #