

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001602

FILED  
Aug 20, 2007  
Secretary of State

**Entity Name:** WATER VIEW ESTATES & EAST BAY GOLF VILLAS AT WATER VIEW JOINT HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1451 WATER VIEW DRIVE W  
LARGO, FL 33771

**New Principal Place of Business:**

**Current Mailing Address:**

1451 WATER VIEW DRIVE W  
LARGO, FL 33771

**New Mailing Address:**

**FEI Number:** 59-3533798      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

VAN WAGENEN, HAROLD W PS  
1451 WATER VIEW DRIVE W  
LARGO, FL 33771 US

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

ROBICHAUD, JASON M P  
1451 WATER VIEW DRIVE W  
LARGO, FL 33771 US

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: JASON ROBICHAUD

08/20/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WOSTBOCK, BARBARA D  
Address: 1451 WATER VIEW DRIVE W  
City-St-Zip: LARGO, FL 33771

Title: D ( ) Delete  
Name: TROUP, ROBERT D  
Address: 1453 WATER VIEW DR. W.  
City-St-Zip: LARGO, FL 33771

Title: DT ( ) Delete  
Name: HENDERSON, LYNN DT  
Address: 1451 WATER VIEW DRIVE W  
City-St-Zip: LARGO, FL 33771

Title: PD ( ) Delete  
Name: VAN WAGENEN, HAROLD W  
Address: 451 WATERVIEW DR  
City-St-Zip: LARGO, FL 33771

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: ACOSTA, LEAH P  
Address: 1451 WATER VIEW DRIVE W  
City-St-Zip: LARGO, FL 33771

Title: D (X) Change ( ) Addition  
Name: BAILEY, DANIEL D  
Address: 1453 WATER VIEW DR. W.  
City-St-Zip: LARGO, FL 33771

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 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: JASON ROBICHAUD

PRES

08/20/2007

Electronic Signature of Signing Officer or Director

Date