

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000007203

1. Entity Name
WATERMARK REALTY REFERRAL, INC.



Principal Place of Business
24301 WALDEN CENTER DR.
BONITA SPRINGS, FL 34134

Mailing Address
24301 WALDEN CENTER DR.
BONITA SPRINGS, FL 34134



04292008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3227694

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HASTINGS, VIVIEN N
24301 WALDEN CENTER DRIVE
SUITE 300
BONITA SPRINGS, FL 34134

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1000000939373

10. OFFICERS AND DIRECTORS

TITLE	VT
NAME	SCHEIDERMAN, ERNEST
STREET ADDRESS	24301 WALDEN CENTER DRIVE
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	V
NAME	MESA, REINALDO L
STREET ADDRESS	24301 WALDEN CENTER DRIVE
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	VS
NAME	HASTINGS, VIVIEN
STREET ADDRESS	24301 WALDEN CENTER DRIVE
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	PD
NAME	FRY, DAVID L
STREET ADDRESS	24301 WALDEN CENTER DR
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	VAS
NAME	CULLEN, JAMES
STREET ADDRESS	24301 WALDEN CENTER DR
CITY-ST-ZIP	BONITA SPRINGS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

05/28/08-80025-011-150.00

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 607, 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

Date

Daytime Phone #

James D. Cullen, VAS 4-30-08