

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20221

**Entity Name:** WAKULLA RIVER ESTATES EAST HOMEOWNERS  
ASSOCIATION, INC.

**FILED**  
**Aug 05, 2017**  
**Secretary of State**  
**CC2197696550**

**Current Principal Place of Business:**

C/O JERRY SHIRAH  
71 LIMPkin CT  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

C/O JERRY SHIRAH  
71 LIMPkin CT  
CRAWFORDVILLE, FL 32327 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

SHIRAH, JERRY  
71 LIMPkin CT  
CRAWFORDVILLE, FL 32327 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name BRYANT, JOHN  
Address 3005 BRANDMERE DRIVE  
City-State-Zip: TALLAHASSEE FL 32312

Title STD  
Name SHIRAH, KATHLEEN R  
Address 71 LIMPkin COURT  
City-State-Zip: CRAWFORDVILLE FL 32327

Title SD  
Name LENTZ, MARIA  
Address 23 LIMPkin CT.  
City-State-Zip: CRAWFORDVILLE FL 32327

*I hereby 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 all other like empowered.*

**SIGNATURE: KATHLEEN R. SHIRAH**

**TREASURER**

**08/05/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date