


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

04-18-2007 90183 044 ****61.25

DOCUMENT # N06000006662

1. Entity Name
WASHINGTON ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
4001 MCLANE DRIVE **4001 MCLANE DRIVE**
TAMPA, FL 33610 **TAMPA, FL 33610**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01122007 Chg-NP CR2E037 (12/06)

4. FEI Number Applied For
20-8946994 Not Applicable

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

6. Name and Address of Current Registered Agent

BENNETT, RICHARD C
4001 MCLANE DRIVE
TAMPA, FL 33610

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 reappointing) DATE

Filing Fee is \$81.25
Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, RICHARD C	
STREET ADDRESS	4001 MCLANE DRIVE	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUCKS, JOHN CURTIS	
STREET ADDRESS	P.O. BOX 737	
CITY-ST-ZIP	NEW MEADOWS, ID 83654	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, SUE HELEN	
STREET ADDRESS	P.O. BOX 737	
CITY-ST-ZIP	NEW MEADOWS, ID 83654	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Richard C. Bennett* **Richard C. Bennett** 4-9-07 813-621-1150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #