

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007290

FILED
Apr 29, 2009
Secretary of State

Entity Name: WATERFORD OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9513 WATERFORD OAKS BLVD
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

6039 CYPRESS GARDENS BLVD
PMB 524
WINTER HAVEN, FL 33884

New Mailing Address:

FEI Number: 59-3754999 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELEO, LOUIS
9513 WATERFORD OAKS BLVD
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: DELEO, LOUIS
Address: 9513 WATERFORD OAKS BLVD
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: DONLEY, TERRY W
Address: 6755 WINTERSET GARDENS RD
City-St-Zip: WINTER HAVEN, FL 33884

Title: S () Delete
Name: FORNI, DANA
Address: 9459 WATERFORD OAKS DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: ASHLEY, KEVIN
Address: 9460 WATERFORD OAKS DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: VP () Delete
Name: MERCIER, MARK
Address: 9457 WATERFORD OAKS BLVD
City-St-Zip: WINTER HAVEN, FL 33884

Title: T () Delete
Name: ODOM, STEPHANIE
Address: 9486 WATERFORD OAKS BLVD
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

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: STEPHANIE S ODOM

TREA

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date