

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01768

FILED  
Sep 21, 2008  
Secretary of State

**Entity Name:** WATERWAY VILLAGE OF KISSIMMEE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O FOUR CORNERS PROPERTY MANAGEMENT  
1000 EMMETT ST. #202  
KISSIMMEE, FL 34741 US

**New Principal Place of Business:**

C/O AMERICAN PROPERTY MANAGEMENT GROUP, I  
1000 EMMETT ST. #202  
KISSIMMEE, FL 34741 US

**Current Mailing Address:**

C/O FOUR CORNERS PROPERTY MANAGEMENT  
1000 EMMETT ST. #202  
KISSIMMEE, FL 34741 US

**New Mailing Address:**

C/O AMERICAN PROPERTY MANAGEMENT GROUP, IN  
1000 EMMETT ST. #202  
KISSIMMEE, FL 34741 US

**FEI Number:** 59-3106521 **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:**

MCCULLOH, NEIL  
1065 MAITLAND CENTER COMMONS BLVD  
MAITLAND, FL 32751 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: P ( ) Delete  
Name: RAMBHACCUS, TONY MR  
Address: PO BOX 561124  
City-St-Zip: ORLANDO, FL 32856 US

Title: S ( ) Delete  
Name: SCOTT, EULA  
Address: 2509 CECILE ST  
City-St-Zip: KISSIMMEE, FL 34741 US

Title: D ( ) Delete  
Name: ANDERSON, HELEN MS  
Address: PO BOX 125  
City-St-Zip: GRANT, FL 32949 US

Title: T ( ) Delete  
Name: MARTINEZ, IRENE  
Address: 157 POMPEI DRIVE  
City-St-Zip: KISSIMMEE, FL 34758 US

**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: T (X) Change ( ) Addition  
Name: SENTENO, PAUL  
Address: 2 WAGON CIRCLE  
City-St-Zip: KISSIMMEE, FL 34743 US

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: RONALD MCAINSH

LCAM

09/21/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date