

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001812

FILED
Apr 24, 2009
Secretary of State

Entity Name: WATERWAY PATIO HOMES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

46CLUBHOUSE LANE
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 94
LORIDA, FL 33857

New Mailing Address:

FEI Number: 65-1024385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BREED, E. MARK III
325 N COMMERCE AVE
SEBRING, FL 33870 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: D () Delete
Name: FOOTE, JAMES
Address: 16 CLUBHOUSE LANE
City-St-Zip: SEBRING, FL 33876

Title: D () Delete
Name: PRICE, FRANK
Address: 28 CLUBHOUSE LN
City-St-Zip: SEBRING, FL 33876

Title: D () Delete
Name: MCREYNOLDS, JAMES
Address: 68 CLUBHOUSE LN
City-St-Zip: SEBRING, FL 33876

Title: T () Delete
Name: FREDERICK, B. R TRESURE
Address: 46 CLUBHOUSE LN
City-St-Zip: SEBRING, FL 33876 83

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: ABLES, JERRY
Address: 10 CLUBHOUSE LN
City-St-Zip: SEBRING, FL 33876

Title: T (X) Change () Addition
Name: FREDERICK, B. R TRESURE
Address: 46 CLUBHOUSE LN
City-St-Zip: SEBRING, FL 338768300

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: B.R. FREDERICK

T

04/24/2009

Electronic Signature of Signing Officer or Director

Date