

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003989

FILED
Mar 09, 2009
Secretary of State

Entity Name: WATERFORDE AT HUNTER'S GREEN NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

18107 PRINCESS POINT CIRCLE
TAMPA, FL 33647 US

New Principal Place of Business:

9270 HIGHLAND OAK DRIVE
TAMPA, FL 33647 US

Current Mailing Address:

POST OFFICE BOX 48855
TAMPA, FL 33646 US

New Mailing Address:

FEI Number: 59-3349563 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MEZER, STEVEN
1801 N HIGHLAND AVE
TAMPA, FL 33602 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: TD () Delete
Name: JENSEN, PATRICIA
Address: 9301 HUNTERS PARK WAY
City-St-Zip: TAMPA, FL 33647

Title: VD () Delete
Name: AMOR, PAUL
Address: 18104 HAMDEN PARK WAY
City-St-Zip: TAMPA, FL 33647

Title: PD () Delete
Name: THIELE, TERESA
Address: 18103 HAMDEN PARK WAY
City-St-Zip: TAMPA, FL 33647

Title: SD () Delete
Name: ELKINS, MARK
Address: 18112 ASHTON PRK WAY
City-St-Zip: TAMPA, FL 33647

Title: C () Delete
Name: ZOVKO, BARBARA
Address: 9316 HUNTINGTON PARK WAY
City-St-Zip: TAMPA, FL 33647

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
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: BAKER, ANNETTE
Address: 9335 HUNTINGTON PARK WAY
City-St-Zip: TAMPA, FL 33647

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: TERESA THIELE

PRES

03/09/2009

Electronic Signature of Signing Officer or Director

Date