

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723152

FILED  
Feb 13, 2009  
Secretary of State

**Entity Name:** WACCASASSA LAKE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8149 S.E. 69TH TERRACE  
TRENTON, FL 32693 US

**New Principal Place of Business:**

**Current Mailing Address:**

8149 S.E. 69TH TERRACE  
TRENTON, FL 32693 US

**New Mailing Address:**

**FEI Number:** 59-1556365

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUDSON, NAOMI  
8149 SE 69 TERRACE  
TRENTON, FL 32693 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: PD ( ) Delete  
Name: HUMPHREYS, WILLIAM  
Address: 8650 SE 66 CIRCLE  
City-St-Zip: TRENTON, FL 32693

Title: STD ( ) Delete  
Name: HUDSON, NAOMI  
Address: 8149 SE 69 TERRACE  
City-St-Zip: TRENTON, FL 32693

Title: VD ( ) Delete  
Name: COX, WILLIAM  
Address: 8700 SE 66 CIRCLE  
City-St-Zip: TRENTON, FL 326939658

Title: D ( ) Delete  
Name: CHESTLESON, DIANA  
Address: 8369 SE 68TH COURT  
City-St-Zip: TRENTON, FL 32693

Title: D ( ) Delete  
Name: SLYSOFSKI, KITTE  
Address: 8860 SE 66TH AVE  
City-St-Zip: TRENTON, FL 32693

Title: D ( ) Delete  
Name: MCINTYRE, JEANINE  
Address: 8719 SE 69TH TERRACE  
City-St-Zip: TRENTON, FL 32693

**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: ( ) 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: NAOMI J. HUDSON

STD

02/13/2009

Electronic Signature of Signing Officer or Director

Date