2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# 739950

Entity Name: LAKE WAUNATTA WOODS HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

4092 TENITA DRIVE
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

P O BOX 5033
WINTER PARK, FL 32793

New Mailing Address:

FEI Number: 59-1801888 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCQUARRIE, ELISSA
4092 TENITA DRIVE
WINTER PARK, FL 32792 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: VP ( ) Delete
Name: MCCOY, JULIE
Address: 4026 TENITA DRIVE
City-St-Zip: WINTER PARK, FL 32792

Title: S ( ) Delete
Name: MCQUARRIE, ELLISSA
Address: 4092 TENITA DR
City-St-Zip: WINTER PARK, FL 32792

Title: T ( ) Delete
Name: TURBIN, LOIS
Address: 4073 TENITA DRIVE
City-St-Zip: WINTER PARK, FL 32792

Title: P ( ) Delete
Name: BAKER, RICHARD
Address: 4080 TENITA DR
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change ( ) Addition
Name: FAIRMAN, LAURA
Address: 4061 TENITA DRIVE
City-St-Zip: WINTER PARK, FL 32792

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: ELISSA MCQUARRIE S 04/29/2009

Electronic Signature of Signing Officer or Director — Date