

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745907

FILED
Mar 25, 2009
Secretary of State

Entity Name: WATERVIEW ESTATES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

C/O VICTORY ACCTG SERVICE
1375 GATEWAY BLVD
BOYNTON BEACH, FL 33426

New Principal Place of Business:

C/O VICTORY ACCTG SERVICE
1500 GATEWAY BLVD SUITE 220
BOYNTON BEACH, FL 33426

Current Mailing Address:

C/O VICTORY ACCTG SERVICE
P.O. BOX 243214
BOYNTON BEACH, FL 33424

New Mailing Address:

FEI Number: 59-2320168 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEICHT, VICKI
1375 GATEWAY BLVD
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

FEICHT, VICKI
1500 GATEWAY BLVD
SUITE 220
BOYNTON BEACH, FL 33426 US

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: _____

03/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P (X) Delete
Name: DOANAHUE, STEVE
Address: 1004 WATERVIEW DR
City-St-Zip: PALM SPRINGS, FL 33461

Title: VP () Delete
Name: HENRIKSEN, FRED
Address: 5002 WATERVIEW DR
City-St-Zip: PALM SPRINGS, FL 33461

Title: T () Delete
Name: HOALE, DOROTHY
Address: 502 WATERVIEW DR
City-St-Zip: PALM SPRINGS, FL 33461

Title: S () Delete
Name: LABRADA, JOHANNA
Address: 704 WATERVIEW DR
City-St-Zip: PALM SPRINGS, FL 33461

Title: D (X) Delete
Name: KIEFFER, ROBERT
Address: 2504 WATERVIEW DR
City-St-Zip: PALM SPRINGS, FL 33461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: HENRIKSEN, FRED
Address: 5002 WATERVIEW DR
City-St-Zip: PALM SPRINGS, FL 33461

Title: T (X) Change () Addition
Name: HOWE, DOROTHY
Address: 502 WATERVIEW DR
City-St-Zip: PALM SPRINGS, FL 33461

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: DOROTHY HOWE

T

03/25/2009

Electronic Signature of Signing Officer or Director

Date