

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 10, 2009
Secretary of State**

DOCUMENT# 746494

Entity Name: WATERBRIDGE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 1586
WINTER PK, FL 32790 US

New Principal Place of Business:

1660 JOELINE COURT
WINTER PK, FL 32789 US

Current Mailing Address:

P.O. BOX 1586
WINTER PK, FL 32790 US

New Mailing Address:

FEI Number: 59-1976662 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, VAN POWELL
200 SOUTH ORANGE AVE.
ORLANDO, FL 32801 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: REKER, JAN
Address: 1660 JOELINE CT
City-St-Zip: WINTER PK, FL 32789

Title: VD () Delete
Name: GREENHAW, TOM
Address: 1307 SERENA DR.
City-St-Zip: WINTER PARK, FL 32789

Title: PD () Delete
Name: GIMENEZ, CARLOS
Address: 1889 JESSICA CT
City-St-Zip: WINTER PARK, FL 32789

Title: SD () Delete
Name: BLANTON, SHIRLEY
Address: 1896 JESSICA CT
City-St-Zip: WINTER PARK, FL 32789

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:

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: JANET M. REKER

TD

03/10/2009

Electronic Signature of Signing Officer or Director

_____ Date