2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State
02-25-2005 90144 036 ****61.25

DOCUMENT # 755900

1. Entity Name
WAVERLY PLACE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
495 E WAVERLY PLACE VERO BEACH, FL 32960	495 E WAVERLY PLACE VERO BEACH, FL 32960

02122005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2334634 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TYLOR, JAMES III 2770 INDIAN RIVER BLVD SUITE 501 VERO BEACH, FL 32960	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BAIRD, WILMA 475 E WAVERLY PLACE #7B VERO BEACH, FL 32960	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HOWDER, CAROL 320 E WAVERLY PLACE #7A VERO BEACH, FL 32960	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ANDERSON, ROBERT 340 E WAVERLY PL #6D VERO BEACH, FL 32960	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MACWILLIAMS, JACQUIE 475 E WAVERLY PLACE #7A VERO BEACH, FL 32960	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WILLIAMS, MIKE 370 E WAVERLY PL #3B VERO BEACH, FL 32960	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRACY, HELEN 370 E WAVERLY PLACE #3A VERO BEACH, FL 32960	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RENZI, RENEE 340 E WAVERLY PLACE #6A VERO BEACH, FL 32960	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAIRD, BOBS 475 E WAVERLY PLACE #7B VERO BEACH, FL 32960	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SALATINO, DOROTHY 12 WALLACE ST STAMFORD, CT 06907	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWANSON, NANCY 400 E WAVERLY PLACE # VERO BEACH, FL 32960	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOH, WOLFGANG 485 E WAVERLY PL #10A VERO BEACH, FL 32960	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURDETTE, CATHIE 320 E WAVERLY PLACE #7D VERO BEACH, FL 32960	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2/22/05 772-978-0404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #