

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90243 049 ****61.25

DOCUMENT # 755900

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



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

Mailing Address
**495 E WAVERLY PLACE
VERO BEACH, FL 32960**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212008 Chg-NP CR2E037 (12/06)

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 **P** ☐ Delete
NAME **HARTLEY, MONA**
STREET ADDRESS **335-B S. WAVERLY PLACE**
CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE **S** ☐ Change ☒ Addition
NAME **LAURA Bissell**
STREET ADDRESS **375 D S. WAVERLY PLACE**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **S** ☒ Delete
NAME **SHOCK, SHARI**
STREET ADDRESS **310 E WAVERLY PL 9C**
CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE **V** ☐ Change ☒ Addition
NAME **Heather Johnston**
STREET ADDRESS **340 A S. WAVERLY PLACE**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **T** ☐ Delete
NAME **HANNAS, KIM**
STREET ADDRESS **370-D E. WAVERLY PLACE**
CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Delete
NAME **SWANSON, NANCY**
STREET ADDRESS **408 E. WAVERLY PLACE**
CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #