2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2009
Secretary of State

DOCUMENT# 755900

Entity Name: WAVERLY PLACE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

495 E WAVERLY PLACE
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

495 E WAVERLY PLACE
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 59-2334634 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TYLOR, JAMES III
2770 INDIAN RIVER BLVD SUITE 501
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

CHARLES W. MCKINNON, PL
3055 CARDINAL DRIVE
SUITE 303
VERO BEACH, FL 32963 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: CHARLES MCKINNON 02/13/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HARTLEY, MONA
Address: 335-B S. WAVERLY PLACE
City-St-Zip: VERO BEACH, FL 32960

Title: T ( ) Delete
Name: HANNAS, KIM
Address: 370-D E. WAVERLY PLACE
City-St-Zip: VERO BEACH, FL 32960

Title: S ( ) Delete
Name: BISSELL, LAURA
Address: 375 D S. WAVERLY PL
City-St-Zip: VERO BEACH, FL 32960

Title: V ( ) Delete
Name: JOHNSTON, HEATHER
Address: 340 A S. WAVERLY PL
City-St-Zip: VERO BEACH, FL 32960

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: D ( ) Change (X) Addition
Name: SCHWAGER, HEIDE
Address: 485 E WAVERLY PLACE
City-St-Zip: VERO BEACH, FL 32960

Title: D ( ) Change (X) Addition
Name: SWENSON, NANCY
Address: 400 E WAVERLY PLACE
City-St-Zip: VERO BEACH, FL 32960

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: MONA HARTLEY PRES 02/13/2009
Electronic Signature of Signing Officer or Director Date