2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# 758934

Entity Name: WATER OAK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-2102121 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC.
2180 W SR 434 STE 5000
LONGWOOD, FL 327795044 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: MULDOON, DONALD
Address: 160 BARBERRY LN
City-St-Zip: PONTE VEDRA BCH, FL 32082

Title: D ( ) Delete
Name: MCCABE, GEORGE E
Address: 116 KNOTTY PINE TR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PD ( ) Delete
Name: HANSEN, LORIN
Address: 139 NANDINA CIR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VPD ( ) Delete
Name: LAVECK, TED
Address: 113 KNOTTY PINE TR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete
Name: SHELTZ, KAREN
Address: 110 KNOTTY PINE TR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: SD ( ) Delete
Name: WRIGHT, DIANE
Address: 166 BARBERRY LN
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: PARIANI, SUSAN
Address: 109 KNOTTY PINE TR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: LORIN HANSEN PD 03/10/2009

Electronic Signature of Signing Officer or Director — Date