2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2008
Secretary of State

DOCUMENT# 761765

Entity Name: WAYSIDE WOODS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

<UNUSED>
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

100 WAYSIDE COURT
SANFORD, FL 32771

New Mailing Address:

FEI Number: 59-2095259 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LEE, WARREN
100 WAYSIDE COURT
SANFORD, FL 32771 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: PD ( ) Delete
Name: WOLFF, PETER
Address: 232 WOODS TRAIL
City-St-Zip: SANFORD, FL 32771

Title: VD ( ) Delete
Name: LENT, THOMAS
Address: 105 WAYSIDE COURT
City-St-Zip: SANFORD, FL 32771

Title: SD ( ) Delete
Name: CRUTCHFIELD, JAY
Address: 233 WOODS TRAIL
City-St-Zip: SANFORD, FL 32771

Title: TD ( ) Delete
Name: LEE, SHERRY
Address: 100 WAYSIDE COURT
City-St-Zip: SANFORD, FL 32771

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: SHERRY LEE TD 06/10/2008
Electronic Signature of Signing Officer or Director — Date