


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90445 001 ***122.50

DOCUMENT # 761809	
1. Entity Name WATERWOOD TOWNHOMES ASSOCIATION, INC.	

Principal Place of Business 300 WATERWOOD DR YALAH, FL 34797 US	Mailing Address 300 WATERWOOD DR YALAH, FL 34797 US
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66011142



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

02272007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3237827	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WOLGAST, DAVID 306 WATERWOOD DR YALAH, FL 34797		7. Name and Address of New Registered Agent Name RUSSELL E. KLEMM, ESQ. Street Address (P.O. Box Number is Not Acceptable) 40 CLAYTON PM COLLOH 1065 MAITLAND CENTER COMMONS BLVD. City MAITLAND FL Zip Code 32151	
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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  RUSSELL E. KLEMM	DATE 4/13/07

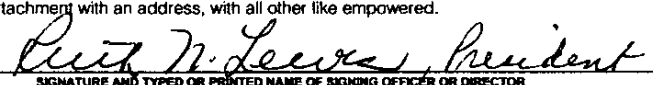
**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>

**\$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	DV SCHELL, TOM 1001 CLUSTERWOOD DR YALAH, FL 34797 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP RUTH LEWIS 403 WATERWOOD DR YALAH, FL 34797 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DANIELS, JACK 602 WATERWOOD DR YALAH, FL 34797 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV BOB JOKL 901 CLUSTERWOOD DR YALAH, FL 34797 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NORMAN, BOBBY 701 CLUSTERWOOD DR YALAH, FL 34797 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BOBBI SHIPP 401 WATERWOOD DR YALAH, FL 34797 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS RICE, ESTHER 601 WATERWOOD DRIVE YALAH, FL 34797 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAM KEHOE 1003 CLUSTERWOOD DR YALAH, FL 34797 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FAULSTICH, JOHN 802 CLUSTERWOOD DRIVE YALAH, FL 34797 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	WILLIAM ROKUS 804 CLUSTERWOOD DR YALAH, FL 34797 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  RUTH N. LEWIS	Date 4/9/07