

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771281

FILED
Feb 18, 2009
Secretary of State

Entity Name: WAYSIDE LAKE PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 1124
HAVANA, FL 32333

New Principal Place of Business:

2131 WAYSIDE FARM ROAD
HAVANA, FL 32333

Current Mailing Address:

P.O. BOX 1124
HAVANA, FL 32333

New Mailing Address:

FEI Number: 59-2916693 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RAYMOND, SUSAN K
28 MY STREET
HAVANA, FL 32333 US

Name and Address of New Registered Agent:

DAVIS, MARTHA L
2620 CRICKET ROAD
TALLAHASSEE, FL 32310 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: MARTHA L. DAVIS

02/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BUNYAN, RICHARD
Address: PO BOX 2503
City-St-Zip: HAVANA, FL 32333

Title: V () Delete
Name: PELT, HENRY
Address: 121 UPHILL ROAD
City-St-Zip: HAVANA, FL 32333

Title: ST () Delete
Name: RAYMOND, SUSAN K
Address: 28 MY STREET
City-St-Zip: HAVANA, FL 32333

Title: D () Delete
Name: DOWLING, SHIRLEY
Address: 72 MY STREET
City-St-Zip: HAVANA, FL 32333

Title: D () Delete
Name: RAYMOND, KEVIN
Address: 28 MY STREET
City-St-Zip: HAVANA, FL 32333

Title: D () Delete
Name: SEARS, JESSIE
Address: 112 MY STREET
City-St-Zip: HAVANA, FL 32333

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ST (X) Change () Addition
Name: DAVIS, MARTHA L
Address: 2620 CRICKET ROAD
City-St-Zip: TALLAHASSEE, FL 32310

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

Title: D (X) Change () Addition
Name: MCCLUNG, JANICE
Address: 3454 PACES FERRY ROAD
City-St-Zip: TALLAHASSEE, FL 32309

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: MARTHA L. DAVIS

S/T

02/18/2009

Electronic Signature of Signing Officer or Director

Date