

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 771281

**FILED**  
**Apr 10, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

2131 WAYSIDE FARM ROAD  
HAVANA, FL 32333

**New Principal Place of Business:**

**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:**

DAVIS, MARTHA L  
2620 CRICKET ROAD  
TALLAHASSEE, FL 32310 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: P  
Name: BUNYAN, RICHARD  
Address: PO BOX 2503  
City-St-Zip: HAVANA, FL 32333

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

Title: ST  
Name: DAVIS, MARTHA L  
Address: 2620 CRICKET ROAD  
City-St-Zip: TALLAHASSEE, FL 32310

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

Title: D  
Name: MCCLUNG, JANICE  
Address: 3454 PACES FERRY ROAD  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D  
Name: FLYNN, ROBERT  
Address: 2699 WAYSIDE FARM ROAD  
City-St-Zip: HAVANA, FL 32333

I hereby 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 all other like empowered.

SIGNATURE: MARTHA L. DAVIS

ST

04/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date