

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001921

FILED
Mar 16, 2009
Secretary of State

Entity Name: WATERCOLOR COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

1701 E COUNTY HWY 30A
201
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

245 RIVERSIDE AVENUE SUITE 500
ATTN LEGAL DEPT - LEGAL DEPT
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-3653671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIPMAN, GARY A ESQ.
1414 CO. HWY, 283 SOUTH
SUITE B
SANTA ROSA BEACH, FL 32459 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: D () Delete
Name: HOULIHAN, KATHY
Address: 133-E SOUTH WATERSOUND PKWY
City-St-Zip: WATERSOUND, FL 32413

Title: D () Delete
Name: HILLIARD, STEVE
Address: 133-E SOUTH WATERSOUND PKWY
City-St-Zip: WATERSOUND, FL 32413

Title: DV () Delete
Name: CARR, JOHN
Address: 133-E SOUTH WATERSOUND PKWY
City-St-Zip: WATERSOUND, FL 32413

Title: DP () Delete
Name: ROSENHEIM, MARY
Address: 133-E SOUTH WATERSOUND PKWY
City-St-Zip: WATERSOUND, FL 32413

Title: D () Delete
Name: PRECISE, BRIDGET
Address: 133-E SOUTH WATERSOUND PKWY
City-St-Zip: WATERSOUND, FL 32413

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:

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: GARY A. SHIPMAN

RA

03/16/2009

Electronic Signature of Signing Officer or Director

Date