

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002806

FILED  
Mar 25, 2009  
Secretary of State

**Entity Name:** WATER OAK COMMUNITY SERVICES ASSOCIATION, INC.

**Current Principal Place of Business:**

106 EVERGREEN LN.  
LADY LAKE, FL 32159

**New Principal Place of Business:**

412 PALMER DRIVE  
LADY LAKE, FL 32159

**Current Mailing Address:**

106 EVERGREEN LN.  
LADY LAKE, FL 32159

**New Mailing Address:**

524 PALMER DRIVE  
LADY LAKE, FL 32159

**FEI Number:** 59-3651267

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SULLIVAN, SUSAN T ESQ  
13469 N. US HWY 441  
LADY LAKE, FL 32159 US

**Name and Address of New Registered Agent:**

SULLIVAN, SUSAN T ESQ  
4129 CR 106  
OXFORD, FL 34484 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:

03/25/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GILHOOLY, PAM  
Address: 714 SUTTON ST  
City-St-Zip: LADY LAKE, FL 32159

Title: VPD ( ) Delete  
Name: CONNELLY, MICHAEL  
Address: 422 PALMER DRIVE  
City-St-Zip: LADY LAKE, FL 32159

Title: TD ( ) Delete  
Name: VOLAT, ARLEEN  
Address: 524 PALMER DR  
City-St-Zip: LADY LAKE, FL 32159

Title: SD ( ) Delete  
Name: LECLERC, MARIETTE  
Address: 904 ZOELLER STREET  
City-St-Zip: LADY LAKE, FL 32159

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DEMARIA, BENJAMIN  
Address: 722 SUTTON ST  
City-St-Zip: LADY LAKE, FL 32159

Title: VPD (X) Change ( ) Addition  
Name: SCHNEIDERMAN, STEVEN  
Address: 823 BISHOP DRIVE  
City-St-Zip: LADY LAKE, FL 32159

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

Title: SD (X) Change ( ) Addition  
Name: ZUMPF, DELORES  
Address: 410 PALMER DRIVE  
City-St-Zip: LADY LAKE, FL 32159

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: ARLEEN VOLAT

TD

03/25/2009

Electronic Signature of Signing Officer or Director

Date