

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Sep 29, 2009
Secretary of State**

DOCUMENT# N00000007803

Entity Name: WATERFORD LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1034 RIDGEWOOD AVE
SUITE 1
HOLLY HILL, FL 32117 US

New Principal Place of Business:

Current Mailing Address:

1034 RIDGEWOOD AVE
SUITE 1
HOLLY HILL, FL 32117 US

New Mailing Address:

FEI Number: 59-3697247 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CONNORS, CHRIS
1034 RIDEWOOD AVE STE1
SUITE B
HOLLY HILL, FL 32117 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: CHRIS CONNORS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PP () Delete
Name: MOORE, BEN
Address: 908 LAKE LINDLEY DR S
City-St-Zip: DELAND, FL 32724

Title: VP () Delete
Name: THOMASON, SEAN
Address: 905 N LAKE LINDLEY DR.
City-St-Zip: DELAND, FL 32724

Title: SD () Delete
Name: MCGRAW, MONIKA
Address: 1408 COTTAGE HILL DRIVE
City-St-Zip: DELAND, FL 32724

Title: TD () Delete
Name: NOPLEGGI, ERIC
Address: 924 LAKE LINDLEY DRIVE S.
City-St-Zip: DELAND, FL 32724

Title: D (X) Delete
Name: RIPPLE, LAURA
Address: 918 LAKE LINDLEY DR N
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: MOORE, BEN
Address: 908 LAKE LINDLEY DR S
City-St-Zip: DELAND, FL 32724

Title: D (X) Change () Addition
Name: THOMASON, SEAN
Address: 905 N LAKE LINDLEY DR.
City-St-Zip: DELAND, FL 32724

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

Title: PP (X) Change () Addition
Name: NOPLEGGI, ERIC
Address: 924 LAKE LINDLEY DRIVE S.
City-St-Zip: DELAND, FL 32724

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: CHRIS CONNORS

Electronic Signature of Signing Officer or Director

CAM

09/29/2009

Date