2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000007803

FILED Sep 29, 2009 Secretary of State

Entity Name: WATERFORD LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1034 RIDGEWOOD AVE SUITE 1

HOLLY HILL, FL 32117 US

Current Mailing Address: New Mailing Address:

1034 RIDGEWOOD AVE SUITE 1

HOLLY HILL, FL 32117 US

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: Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PP () Delete Title: VP (X) Change () Addition

 Name:
 MOORE, BEN
 Name:
 MOORE, BEN

 Address:
 908 LAKE LINDLEY DR S
 Address:
 908 LAKE LINDLEY DR S

 City-St-Zip:
 DELAND, FL 32724
 City-St-Zip:
 DELAND, FL 32724

Title: VP () Delete Title: D (X) Change () Addition

 Name:
 THOMASON, SEAN
 Name:
 THOMASON, SEAN

 Address:
 905 N LAKE LINDLEY DR.
 Address:
 905 N LAKE LINDLEY DR.

 City-St-Zip:
 DELAND, FL 32724
 City-St-Zip:
 DELAND, FL 32724

Title: SD () Delete Title: () Change () Addition

Name:MCGRAW, MONIKAName:Address:1408 COTTAGE HILL DRIVEAddress:City-St-Zip:DELAND, FL 32724City-St-Zip:

Title: TD () Delete Title: PP (X) Change () Addition

Name: NOPLEGGI, ERIC Name: NOPLEGGI, ERIC

Address: 924 LAKE LINDLEY DRIVE S. Address: 924 LAKE LINDLEY DRIVE S.

City-St-Zip: DELAND, FL 32724 City-St-Zip: DELAND, FL 32724

 Name:
 RIPPLE, LAURA
 Name:

 Address:
 918 LAKE LINDLEY DR N
 Address:

 City-St-Zip:
 DELAND, FL 32724
 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 CAM 09/29/2009