## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000005026

FILED Feb 11, 2009 Secretary of State

Entity Name: THE WATERMAN VILLAGE FOUNDATION, INC.

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

250 BROOKFIELD AVENUE MT. DORA, FL 32757

Current Mailing Address: New Mailing Address:

250 BROOKFIELD AVENUE MT. DORA, FL 32757 US

FEI Number: 03-0386001 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

RICHARD A. LEIGH 1031 W. MORSE BLVD., STE. 160 WINTER PARK, FL 32789 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:

Clastrania Ciarachura of Danistana d'Anant

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

Title:P () DeleteTitle:P (X) Change () AdditionName:BROOKS, EDWARDName:COLLIER, GREG SRAddress:714 N DONNELLY STAddress:714 DONNELLY ST.

Address: 714 N DONNELLY ST Address: 714 DONNELLY ST.

City-St-Zip: MOUNT DORA, FL 32757 City-St-Zip: MOUNT DORA, FL 32757

 Title:
 T
 ( ) Delete
 Title:

 Name:
 DUJON, ANDREW
 Name:

 Address:
 250 BROOKFIELD AVE
 Address:

 City-St-Zip:
 MOUNT DORA, FL 32757
 City-St-Zip:

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

 Name:
 COLLIER, GREG SR
 Name:
 WEST, RANDY

 Address:
 4295 W OLD #441
 Address:
 714 DONNELLY ST.

 City-St-Zip:
 MOUNT DORA, FL 32757
 City-St-Zip:
 MOUNT DORA, FL 32757

Title: S () Delete Title: S (X) Change () Addition

 Name:
 SPRAGUE, BEVERLY
 Name:
 EFTA, GREG

 Address:
 445 WATERMAN AVE
 Address:
 445 WATERMAN AVE

 City-St-Zip:
 MOUNT DORA, FL 32757
 City-St-Zip:
 MOUNT DORA, FL 32757

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: ANDREW DUJON T 02/11/2009