2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01768

FILED Sep 06, 2007 Secretary of State

Entity Name: WATERWAY VILLAGE OF KISSIMMEE HOMEOWNERS ASSOCIATION, INC.

Current Princi	oal Place of Business:	New Principal Place of Business:

% FOUR CORNERS PROPERTY MANAGEMENT C/O FOUR CORNERS PROPERTY MANAGEMENT

1000 EMMETT ST. #202 1000 EMMETT ST. #201 KISSIMMEE, FL 34741 KISSIMMEE, FL 34741 US

New Mailing Address: **Current Mailing Address:**

% FOUR CORNERS PROPERTY MANAGEMENT C/O FOUR CORNERS PROPERTY MANAGEMENT

1000 EMMETT ST. #201 1000 EMMETT ST. #202 KISSIMMEE, FL 34741 LIS KISSIMMEE, FL 34741 LIS

FEI Number: 59-3106521 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:

MCCULLOH, NEIL 1065 MAITLAND CENTER COMMONS BLVD MAITLAND, FL 32751 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:

OFFICERS AND DIRECTORS:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

PICOLINO, TONY RAMBHACCUS, TONY MR Name: Name: 4142 FLYING FORTRESS AVE Address: PO BOX 561124 Address:

City-St-Zip: KISSIMMEE, FL 34741 US City-St-Zip: ORLANDO, FL 32856 US

Title: Title: () Delete () Change () Addition SCOTT, EULA Name: Name:

Address: 2509 CECILE ST Address: City-St-Zip: KISSIMME, FL 34741 US City-St-Zip:

Title: () Delete Title: (X) Change () Addition RAMBHACUSS, TONY MR Name: ANDERSON, HELEN MS Name:

339 HIGHBROOK BLVD Address: Address: PO BOX 125

City-St-Zip: OCOEE, FL 34761 US City-St-Zip: GRANT, FL 32949 US

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

MARTINEZ, IRENE MARTINEZ, IRENE Name: Name: 2412 GLENRIDGE AVE 157 POMPEI DRIVE Address: Address: City-St-Zip: KISSIMMEE, FL 34746 US City-St-Zip: KISSIMMEE, FL 34758 US

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: RJC MCAINSH CAM 09/06/2007