

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01768

FILED
Jan 20, 2009
Secretary of State

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

Current Principal Place of Business:

C/O AMERICAN PROPERTY MANAGEMENT GROUP, I
1000 EMMETT ST. #202
KISSIMMEE, FL 34741 US

New Principal Place of Business:

Current Mailing Address:

C/O AMERICAN PROPERTY MANAGEMENT GROUP, IN
1000 EMMETT ST. #202
KISSIMMEE, FL 34741 US

New Mailing Address:

C/O AMERICAN PROPERTY MANAGEMENT GROUP, I
1000 EMMETT ST. #202
KISSIMMEE, FL 34741 US

FEI Number: 59-3106521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RAMBHACCUS, TONY MR
Address: PO BOX 561124
City-St-Zip: ORLANDO, FL 32856 US

Title: S () Delete
Name: SCOTT, EULA
Address: 2509 CECILE ST
City-St-Zip: KISSIMME, FL 34741 US

Title: D () Delete
Name: ANDERSON, HELEN MS
Address: PO BOX 125
City-St-Zip: GRANT, FL 32949 US

Title: T (X) Delete
Name: SENTENO, PAUL
Address: 2 WAGON CIRCLE
City-St-Zip: KISSIMMEE, FL 34743 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: ANDERSON, HELEN MS
Address: PO BOX 125
City-St-Zip: GRANT, FL 32949 US

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: RON MCAINSH

LCAM

01/20/2009

Electronic Signature of Signing Officer or Director

Date