

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01768

**FILED**  
**Apr 19, 2011**  
**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, I  
1000 EMMETT ST. #202  
KISSIMMEE, FL 34741 US

**New Mailing Address:**

**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: D  
Name: MARTINEZ, IRENE  
Address: 157 POMPEI DR  
City-St-Zip: KISSIMMEE, FL 34758

Title: P  
Name: SCOTT, EULA  
Address: 2509 CECILE ST  
City-St-Zip: KISSIMME, FL 34741 US

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

Title: D  
Name: NUNUEZ, CARMEN I  
Address: 4162 SPITFIRE AVE  
City-St-Zip: KISSIMMEE, FL 34741

I hereby 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 all other like empowered.

SIGNATURE: EULA SCOTT

P

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date