2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 19, 2009
Secretary of State

DOCUMENT# N02000008616

Entity Name: WACAHOOTA RIDGE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

12636 SW 17TH DRIVE
MICANOPY, FL 32667

New Principal Place of Business:

12564 SW 17TH DRIVE
MICANOPY, FL 32667

Current Mailing Address:

5305 FLANDERS DRIVE
BATON ROUGE, LA 70808

New Mailing Address:

12564 SW 17TH DRIVE
MICANOPY, FL 32667

FEI Number: 43-2011753 **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:

WOLFSHEIMER, KAREN J DVM,PHD
12636 SW 17TH DRIVE
MICANOPY, FL 32667 US

Name and Address of New Registered Agent:

CUSUMANO, BARBARA A
12564 SW 17TH DRIVE
MICANOPY, FL 32667 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: BARBARA A. CUSUMANO 10/19/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: VALDEZ, NATALIE MD
Address: 12402 SW 17TH DRIVE
City-St-Zip: MICANOPY, FL 32667

Title: SEC ( ) Delete
Name: KAREN, WOLFSHEIMER J DVM,PHD
Address: 1143 AMIENS DRIVE
City-St-Zip: BATON ROUGE, LA 78010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: CUSUMANO, BARBARA
Address: 12564 SW 17TH DRIVE
City-St-Zip: MICANOPY, FL 32667

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: BARBARA A. CUSUMANO PRES 10/19/2009
Electronic Signature of Signing Officer or Director Date