

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008695

FILED
Apr 13, 2009
Secretary of State

Entity Name: WATERSTONE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

630 N. DENNING DR
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

630 N. DENNING DR
WINTER PARK, FL 32789 US

New Mailing Address:

FEI Number: 65-0326491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRACE REALTY INC.
630 N. DENNING DR
WINTER PARK, FL 32789 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: VPD () Delete
Name: GRANT, MARK
Address: 1271 PIMA PT
City-St-Zip: OVIEDO, FL 32765 US

Title: D () Delete
Name: HAYES, BILL
Address: 1291 PIMA PT
City-St-Zip: OVIEDO, FL 32765

Title: STD () Delete
Name: MAYES, WILLIAM
Address: 1291 PIMA POINT
City-St-Zip: OVIEDO, FL 32765

Title: P () Delete
Name: HUGHES, SHIRLEYANN
Address: 1267 PIMA PT
City-St-Zip: OVIEDO, FL 32765

Title: T () Delete
Name: AVILES, JOY
Address: 1259 PIMA PT
City-St-Zip: OVIEDO, FL 32765

Title: S () Delete
Name: ROSENSTOCK, TIFFANY
Address: 1275 PIMA PT
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: MELISSA LATTY

RA

04/13/2009

Electronic Signature of Signing Officer or Director

Date