2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002466

FILED Jan 15, 2009 Secretary of State

Entity Name: WAYSIDE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1916 BOOTHE CIR. 203 JUNIPER RIDGE CT LONGWOOD, FL 32750 SANFORD, FL 32771

Current Mailing Address: New Mailing Address:

1916 BOOTHE CIR. 203 JUNIPER RIDGE CT LONGWOOD, FL 32750 SANFORD, FL 32771

FEI Number: 34-1979246 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BOYLE, JAMES W
498 PALM SPRINGS DR
4270
ALTAMONTE SPRINGS, FL 32701 US

SAVIGNY, JEFFREY A
203 JUNIPER RIDGE CT
SANFORD, FL 32771 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: JEFFREY A SAVIGNY 01/15/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: () Change () Addition Name: MORRIS, MELISA Name:

 Name:
 MORRIS, MELISA
 Name:

 Address:
 204 JUNIPER RIDGE CT
 Address:

 City-St-Zip:
 SANFORD, FL 32771
 City-St-Zip:

Title: DV () Delete Title: () Change () Addition
Name: STONER JOHN Name:

 Name:
 STONER, JOHN
 Name:

 Address:
 207 JUNIPER RIDGE CT
 Address:

 City-St-Zip:
 SANFORD, FL 32771
 City-St-Zip:

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

 Name:
 PECCHIA, WILLIAM
 Name:
 SAVIGNY, JEFFREY Å

 Address:
 208 JUNIPER RIDGE CT
 Address:
 203 JUNIPER RIDGE CT

 City-St-Zip:
 SANFORD, FL 32771
 City-St-Zip:
 SANFORD, FL 32771

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: JEFFREY A SAVIGNY DST 01/15/2009