

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009691

FILED
Feb 12, 2009
Secretary of State

Entity Name: WATERBROOK FALLS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

463499 SR 200
YULEE, FL 320932210

New Principal Place of Business:

4213 COUNTY ROAD 218
SUITE 1
MIDDLEBURG, FL 32068

Current Mailing Address:

P O BOX 1987
YULEE, FL 320411987 US

New Mailing Address:

4213 COUNTY ROAD 218
SUITE 1
MIDDLEBURG, FL 32068

FEI Number: 56-2414702

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROPERTY MANAGEMENT SYSTEMS INC
463499 SR 200
YULEE, FL 320411987 US

Name and Address of New Registered Agent:

AWAKENINGS ASSOCIATION MANAGEMENT, INC.
4213 COUNTY ROAD 218
SUITE 1
MIDDLEBURG, FL 32068 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: VINA DELCOMYN

02/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ATLEE, KENYON S
Address: 5851 TIMUQUANA RD. STE 301
City-St-Zip: JACKSONVILLE, FL 32210

Title: STD () Delete
Name: BRADFORD, ERIC N
Address: 5851 TIMUQUANA RD. STE 301
City-St-Zip: JACKSONVILLE, FL 32210

Title: VPD () Delete
Name: CRISP, DALE K
Address: 5851 TIMUQUANA RD. STE 301
City-St-Zip: JACKSONVILLE, FL 32210

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:

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: KENYON ATLEE

PRES

02/12/2009

Electronic Signature of Signing Officer or Director

Date