

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010096

FILED
Feb 16, 2010
Secretary of State

Entity Name: WATERSONG PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

390 PARK STREET
SUITE 200
BIRMINGHAM, MI 48009

New Principal Place of Business:

Current Mailing Address:

1061 E. INDIANTOWN ROAD
SUITE 410
JUPITER, FL 33477

New Mailing Address:

FEI Number: 56-2539744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUNRISE MANAGEMENT COMPANY OF THE PALM BEA
1061 E INDIANTOWN ROAD
SUITE 410
JUPITER, FL 33477 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: PD
Name: YEZBICK, ANTHONY A
Address: 390 PARK STREET, STE 200
City-St-Zip: BIRMINGHAM, MI 48009

Title: VD
Name: HOSKI, A. JOSEPH MD
Address: 390 PARK STREET, STE 200
City-St-Zip: BIRMINGHAM, MI 48009

Title: TD
Name: PATEL, HITEN MD
Address: 390 PARK STREET, STE 200
City-St-Zip: BIRMINGHAM, MI 48009

Title: SD
Name: BASSETT, JOSEPH MD
Address: 390 PARK STREET, STE 200
City-St-Zip: BIRMINGHAM, MI 48009

Title: D
Name: KAPDI, CHANDRAKANT K
Address: 390 PARK STREET, STE 200
City-St-Zip: BIRMINGHAM, MI 48009

Title: D
Name: LALA, MICHAEL MD
Address: 390 PARK STREET, S TE 200
City-St-Zip: BIRMINGHAM, MI 48009

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: ANTHONY YEZBICK

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02/16/2010

Electronic Signature of Signing Officer or Director

_____ Date