

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010253

FILED
Apr 30, 2009
Secretary of State

Entity Name: FLORIDIAN BAY ESTATES AT WATERSTONE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O ALTON MADISON PROPERTY MGMT
381 N KROME AVENUE #205
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

PO BOX 901773
HOMESTEAD, FL 33090

New Mailing Address:

381 N KROME AVENUE
SUITE 205
HOMESTEAD, FL 33030

FEI Number: 02-0699004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134 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: TD () Delete
Name: COTTON, TEOFILO
Address: 3908 NE 20 CIRCLE
City-St-Zip: HOMESTEAD, FL 33033

Title: VPD () Delete
Name: MANACH, JORGE
Address: 3906 NE 20 CIRCLE
City-St-Zip: HOMESTEAD, FL 33033

Title: D () Delete
Name: LOPEZ, JOSE
Address: 3904 NE 20 CIRCLE
City-St-Zip: HOMESTEAD, FL 33033

Title: D (X) Delete
Name: MENDOZA, MICHELLE
Address: 2111 NE 40 ROAD
City-St-Zip: HOMESTEAD, FL 33033

Title: PD () Delete
Name: LAUZURIQUE, XAVIER
Address: 2108 NE 40 ROAD
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: MARTINEZ, EVAN
Address: 2002 NE 40 ROAD
City-St-Zip: HOMESTEAD, FL 33033

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

Title: DS (X) Change () Addition
Name: DELGADO, JORGE
Address: 2003 NE 40 ROAD
City-St-Zip: HOMESTEAD, FL 33033

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: XAVIER LAUZURIQUE

P

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date