

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000804

FILED
Apr 15, 2009
Secretary of State

Entity Name: WATERFORD TRAILS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5955 T.G. LEE BLVD.
SUITE 300
ORLANDO, FL 32822

New Principal Place of Business:

6972 LAKE GLORIA BLVD.
ORLANDO, FL 32809

Current Mailing Address:

5955 T. G. LEE BLVD.
SUITE 300
ORLANDO, FL 32822

New Mailing Address:

6972 LAKE GLORIA BLVD.
ORLANDO, FL 32809

FEI Number: 20-1554858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LELAND MANAGEMENT, INC.
5955 T.G. LEE BLVD.
SUITE 300
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT, INC.
6972 LAKE GLORIA BLVD.
ORLANDO, FL 32809 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:

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BOYD, ANDRE
Address: 15454 PERDIDO DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: DV () Delete
Name: OUTING, DAVID L
Address: 15622 PERDIDO DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: DT () Delete
Name: FOX, BRADFORD S
Address: 15209 GALBI DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: DS () Delete
Name: VANEGAS, MARIA
Address: 15114 PERDIDO DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DTS (X) Change () Addition
Name: FOX, BRADFORD S
Address: 15209 GALBI DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: DO (X) Change () Addition
Name: VANEGAS, MARIA
Address: 15114 PERDIDO DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: DO () Change (X) Addition
Name: GARBER, DANNY
Address: 15311 GALBI DRIVE
City-St-Zip: ORLANDO, FL 32828

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: ANDRE BOYD

DP

04/15/2009

Electronic Signature of Signing Officer or Director

Date