2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002026

FILED Apr 23, 2008 Secretary of State

Entity Name: WAVERLY HILLS NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2805 WALTER SCOTT ROAD 729 KENILWORTH ROAD TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312 **Current Mailing Address: New Mailing Address:** 2805 WALTER SCOTT ROAD 729 KENILWORTH ROAD TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312 FEI Number: 20-1218910 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: TAPS, JUDITH DICKSON, SANDLER H 2805 WALTER SCOTT ROAD 729 KENILWORTH ROAD US TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312 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: SANDLER H. DICKSON 04/23/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition EASTON, DEXTER Name: Name: 2908 LASSWADE DRIVE Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: Title: Title: () Delete (X) Change () Addition COOK, ROSE Name: COOK, ROSE Name: Address: 1003 KENILWORTH ROAD Address: 1003 KENILWORTH ROAD City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32312 Title: () Delete Title: () Change () Addition ALLEN, CAROL Name: Name: 1105 LASSAWADE ROAD Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: () Delete Title: Title: (X) Change () Addition TAPS, JUDY Name: Name: DICKSON, SANDLER H 2805 WALTER SCOTT ROAD 729 KENILWORTH ROAD Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32312 Title: () Delete Title: () Change () Addition SELF, EILEEN S Name: Name: 2924 COLDSTREAM DRIVE Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: Title: () Delete Title: () Change (X) Addition SCHUEREN, V. LARRY Name: Name: Address: Address: 909 LASSWADE DRIVE TALLAHASSEE, FL 32312 City-St-Zip: 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: EILEEN SHERLOCK SELF D 04/23/2008