

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002026

FILED
Apr 28, 2009
Secretary of State

Entity Name: WAVERLY HILLS NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

729 KENILWORTH ROAD
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

729 KENILWORTH ROAD
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 20-1218910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKSON, SANDLER H
729 KENILWORTH ROAD
TALLAHASSEE, FL 32312 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: S () Delete
Name: EASTON, DEXTER
Address: 2908 LASSWADE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: V () Delete
Name: COOK, ROSE
Address: 1003 KENILWORTH ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: S () Delete
Name: ALLEN, CAROL
Address: 1105 LASSAWADE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: P () Delete
Name: DICKSON, SANDLER H
Address: 729 KENILWORTH ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: SELF, EILEEN S
Address: 2924 COLDSTREAM DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: T () Delete
Name: SCHUEREN, V. LARRY
Address: 909 LASSWADE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: BATES, MEG
Address: 721 KENILWORTH RD.
City-St-Zip: TALLAHASSEE, FL 32312

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

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

Title: D (X) Change () Addition
Name: HARPER, HARRY
Address: 1218 WAVERLY RD.
City-St-Zip: TALLAHASSEE, FL 32312

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: SANDLER H. DICKSON

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date