

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004189

FILED
Feb 19, 2009
Secretary of State

Entity Name: WATER GARDENS ASSOCIATION, INC.

Current Principal Place of Business:

1349 AQUI ESTA DRIVE
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

6025 TAYLOR RD
#2
PUNTA GORDA, FL 33950

New Mailing Address:

26530 MALLARD WAY
PUNTA GORDA, FL 33950

FEI Number: 20-4186242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAR HOSPITALITY MANAGEMENT, INC.
6025 TAYLOR RD
#2
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

STAR HOSPITALITY MANAGEMENT, INC.
26530 MALLARD WAY
PUNTA GORDA, FL 33950 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:

02/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REY, JULIO
Address: 7000 ISLAND BLVD, VILLA MARINA 1704
City-St-Zip: AVENTURA, FL 33160

Title: SD () Delete
Name: ALBACETE, ALFONSO
Address: 1625 NORTH COMMERCE PARKWAY SUITE 315
City-St-Zip: WESTON, FL 33326

Title: VP () Delete
Name: PRADA, FRANCISCO
Address: 500 SE MIZNER BLVD. #507
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD (X) Change () Addition
Name: ALBACETE, ALFONSO
Address: 1625 NORTH COMMERCE PARKWAY SUITE 315
City-St-Zip: WESTON, FL 33326

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: JULIO REY

PD

02/19/2009

Electronic Signature of Signing Officer or Director

Date