2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N05000006205

Entity Name: WATERGRASS PROPERTY OWNERS, ASSOCIATION, INC.

Current Principal Place of Business:

2940 SPORTS CARE CIR
ZEPHYRHILLS, FL 33544

New Principal Place of Business:

2940 SPORTS CORE CIR
WESLEY CHAPEL, FL 33545

Current Mailing Address:

2940 SPORTS CARE CIR
ZEPHYRHILLS, FL 33544

New Mailing Address:

2940 SPORTS CORE CIR
WESLEY CHAPEL, FL 33545

FEI Number: 65-1257665 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: DP ( ) Delete
Name: WEBER, CRAIG B
Address: 2940 SPORTS CARE CIR
City-St-Zip: ZEPHYRHILLS, FL 33544

Title: DV ( ) Delete
Name: NETINA, PAUL
Address: 2940 SPORTS CARE CIR
City-St-Zip: ZEPHYRHILLS, FL 33544

Title: DS ( ) Delete
Name: ELMONE, ARLENE M
Address: 2940 SPORTS CARE CIR
City-St-Zip: ZEPHYRHILLS, FL 33544

Title: T ( ) Delete
Name: SUMMERSON, CHERYL
Address: 2940 SPORTS CORE CIRCLE
City-St-Zip: ZEPHYRHILLS, FL 33544

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: WEBER, CRAIG B
Address: 2940 SPORTS CORE CIR
City-St-Zip: WESLEY CHAPEL, FL 33545

Title: DV (X) Change ( ) Addition
Name: NETINA, PAUL
Address: 2940 SPORTS CORE CIR
City-St-Zip: WESLEY CHAPEL, FL 33545

Title: DS (X) Change ( ) Addition
Name: ELMONE, ARLENE M
Address: 2940 SPORTS CORE CIR
City-St-Zip: WESLEY CHAPEL;, FL 33545

Title: T (X) Change ( ) Addition
Name: SUMMERSON, CHERYL
Address: 2940 SPORTS CORE CIRCLE
City-St-Zip: WESLEY CHAPEL, FL 33545

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: ARLENE M. ELMORE DS 01/07/2009
Electronic Signature of Signing Officer or Director — Date