2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# N05000009881

Entity Name: WATERSOUND WEST BEACH COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

245 RIVERSIDE AVE., STE. 500
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

245 RIVERSIDE AVENUE, SUITE 500
ATTN. LEGAL DEPT.
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 20-3541929 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARX, CHRISTINE M.
245 RIVERSIDE AVENUE, SUITE. 500
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

SHIPMAN, GARY A
1414 COUNTY HIGHWAY 283 SOUTH
STE. B
SANTA ROSA BEACH, FL 32459 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: GARY A. SHIPMAN 03/16/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D-P ( ) Delete
Name: ROSENHEIM, MARY
Address: 133 SOUTH WATERSOUND PKWY
City-St-Zip: WATERSOUND, FL 32413

Title: D-S ( ) Delete
Name: PURUL, LISA
Address: 133 SOUTH WATERSOUND PKWY
City-St-Zip: WATERSOUND, FL 32413

Title: D-T ( ) Delete
Name: PRECISE, BRIDGETT
Address: 133 SOUTH WATERSOUND PKWY
City-St-Zip: WATERSOUND, FL 32413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: GARY A. SHIPMAN RA 03/16/2009
Electronic Signature of Signing Officer or Director Date