



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90033 048 ****61.25

DOCUMENT # N05000012367					
1. Entity Name THE ISLES AT WATERWAY VILLAGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4901 VINELAND ROAD - SUITE 500 ORLANDO, FL 32811			Mailing Address 4901 VINELAND ROAD - SUITE 500 ORLANDO, FL 32811		
2. Principal Place of Business - No P.O. Box # 600 Sandtree Dr. #109		3. Mailing Address 600 Sandtree Dr. #109			
Suite, Apt. #, etc. PB6, FL		Suite, Apt. #, etc. PB6, FL		03202008 Chg-NP CR2E037 (12/06)	
City & State PB6, FL		City & State PB6, FL		4. FEI Number 59-3827867	
Zip 33403		Country USA		Applied For Not Applicable	
Zip 33403		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COVELL, RICK 4901 VINELAND ROAD - SUITE 500 ORLANDO, FL 32811			7. Name and Address of New Registered Agent Name: Donna Mc Donald Street Address (P.O. Box Number is Not Acceptable): 600 Sandtree Dr. #109 City: PB6, FL Zip Code: 33403		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>Donna Mc Donald</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE: <u>4-7-08</u>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOMEZ, JAMES M 4500 PGA BOULEVARD SUITE 400 PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President JEFF MURRAY 4901 Vineland Rd. - Ste 500 Orlando, FL 32811	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KOON, DAVID 4500 PGA BOULEVARD SUITE 400 PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. President Diana Cabrera 4901 Vineland Rd. - Ste 500 Orlando, FL 32811	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COVELL, RICK 4500 PGA BLVD SUITE 400 PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Kim Emerson 4901 Vineland Rd. - Ste 500 Orlando, FL 32811	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	