2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012367

FILED Mar 17, 2009 Secretary of State

Entity Name: THE ISLES AT WATERWAY VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O CAPITAL REALTY 600 SANDTREE DR. #109 PBG, FL 33403

New Mailing Address: Current Mailing Address:

C/O CAPITAL REALTY 600 SANDTREE DR. #109 PBG, FL 33403

FEI Number: 59-3827867 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCDONALD, DONNA C/O CAPITAL REALTY ADVISORS 600 SANDTREE DR. #109 PBG, FL 33403 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

MURRAY, JEFF BROOKS, SCOTT Name: Name:

4901 VINELAND RD, STE. 500 Address: 9240 ESTERO PARK COMMONS BLVD. Address:

City-St-Zip: ORLANDO, FL 32811 City-St-Zip: ESTERO, FL 33928

Title: () Delete Title: (X) Change () Addition

CABRERA, DIANA Name: WARD, CHRIS Name:

Address: 4901 VINELAND RD, STE, 500 Address: 9240 ESTERO PARK COMMONS BLVD.

City-St-Zip: ORLANDO, FL 32811 City-St-Zip: ESTERO, FL 33928

Title: () Delete Title: (X) Change () Addition EMERSON, KIM Name: SCHUNKO, MARGARET Name:

4901 VINELAND RD, STE. 500 9240 ESTERO PARK COMMONS BLVD. Address: Address:

City-St-Zip: ORLANDO, FL 32811 City-St-Zip: ESTERO, FL 33928

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: SCOTT BROOKS Ρ 03/17/2009