

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012920

FILED
Apr 30, 2009
Secretary of State

Entity Name: WATERLEFE MARINA CLUB, INC.

Current Principal Place of Business:

24301 WALDEN CENTER DR
BONITA SPRINGS, FL 34134

New Principal Place of Business:

24301 WALDEN CENTER DR, STE 300
BONITA SPRINGS, FL 34134

Current Mailing Address:

24301 WALDEN CENTER DR
BONITA SPRINGS, FL 34134

New Mailing Address:

24301 WALDEN CENTER DR, STE 300
BONITA SPRINGS, FL 34134

FEI Number: 20-4099047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASTING, VIVIEN
WCI COMMUNITES, INC.
24301 WALDEN CENTER DRIVE
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

HASTING, VIVIEN
WCI COMMUNITES, INC.
24301 WALDEN CENTER DR, STE 300
BONITA SPRINGS, FL 34134 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:

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EGLY, DOUG
Address: 1022 FISH HOOK COVE
City-St-Zip: BRADENTON, FL 34212

Title: TDS () Delete
Name: SANABRIA, ED
Address: 24301 WALDEN CENTER DR
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VPD () Delete
Name: BURK, PETER
Address: 10619 RESTORATION TERRACE
City-St-Zip: BRANDENTON, FL 34212

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LUPER, JOHN
Address: 24301 WALDEN CENTER DR, STE 300
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DVP (X) Change () Addition
Name: D'ALESSANDRO, ED
Address: 24301 WALDEN CENTER DR, STE 300
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DST (X) Change () Addition
Name: ANTONIADIS, DONNA
Address: 24301 WALDEN CENTER DR, STE 300
City-St-Zip: BONITA SPRINGS, FL 34134

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: ED D'ALESSANDRO

DVP

04/30/2009

Electronic Signature of Signing Officer or Director

Date