

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000053

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** WATERSTONE HOMEOWNERS ASSOCIATION OF SANTA ROSA COUNTY, INC.

**Current Principal Place of Business:**

908 GARDENGATE CIR  
PENSACOLA, FL 32504

**New Principal Place of Business:**

908 GARDENGATE CIRCLE  
PENSACOLA, FL 32504

**Current Mailing Address:**

908 GARDENGATE CIR  
STE 7  
PENSACOLA, FL 32504

**New Mailing Address:**

908 GARDENGATE CIRCLE  
PENSACOLA, FL 32504

**FEI Number:** 20-4989612

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GODFREY, RICHARD  
7552 NAVARRE PARKWAY, SUITE 4  
NAVARRE, FL 32566 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: GODFREY, RICHARD  
Address: 7552 NAVARRE PARKWAY, SUITE 4  
City-St-Zip: NAVARRE, FL 32566

Title: DV ( ) Delete  
Name: EELFRESH, TOM  
Address: 7552 NAVARRE PARKWAY, SUITE 4  
City-St-Zip: NAVARRE, FL 32566

Title: DST ( ) Delete  
Name: CARPENTER, MILLIE  
Address: 7552 NAVARRE PARKWAY, SUITE 4  
City-St-Zip: NAVARRE, FL 32566

**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: RICHARD GODFREY

RA

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date