2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N06000002055

Entity Name: WATERFALL COVE AT WINTER PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1695 LEE RD
WINTER PK, FL 32789

New Principal Place of Business:

Current Mailing Address:

1695 LEE RD
WINTER PK, FL 32789

New Mailing Address:

FEI Number: 20-4369718 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROOK, SABRINA L
2510 KIOWA TRAIL
FERN PARK, FL 32730 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: OD ( ) Delete
Name: LOGAN, SHANESIA
Address: 1695 LEE ROAD #D106
City-St-Zip: WINTER PARK, FL 32789

Title: OD ( ) Delete
Name: CARBO, SANDRA
Address: 1695 LEE ROAD # B212
City-St-Zip: WINTER PARK, FL 32789

Title: OD ( ) Delete
Name: JARVIS, JOHN
Address: 1695 LEE ROAD # A105
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete
Name: CARLILE, GEORGE
Address: 1695 LEE ROAD #C103
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete
Name: DEERING, ELAINE
Address: 460 SR 436 SUITE 104
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: OD (X) Change ( ) Addition
Name: SMITH, DIANE
Address: 3100 RAVEN ROAD
City-St-Zip: ORLANDO, FL 32803

Title: OD (X) Change ( ) Addition
Name: LANDRETH, DEAN
Address: 1695 LEE ROAD # C215
City-St-Zip: WINTER PARK, FL 32789

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: SHANESIA LOGAN OD 01/16/2009

Electronic Signature of Signing Officer or Director — Date