

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004999

FILED
Aug 14, 2008
Secretary of State

Entity Name: WATERSET COMMUNITY COUNCIL, INC.

Current Principal Place of Business:

1137 MARBELLA PLAZA DR.
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

1137 MARBELLA PLAZA DR.
TAMPA, FL 33619

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., STE. 4
WESTON, FL 33331 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:

Title: D () Delete
Name: JONES, SCOTT J.
Address: 1137 MARBELLA PLAZA DR.
City-St-Zip: TAMPA, FL 33619

Title: D () Delete
Name: GELSTON, BEN
Address: 1137 MARBELLA PLAZA DR.
City-St-Zip: TAMPA, FL 33619

Title: D () Delete
Name: FISHER, CARRIE
Address: 1137 MARBELLA PLAZA DR.
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,P (X) Change () Addition
Name: JONES, SCOTT J.
Address: 1137 MARBELLA PLAZA DR.
City-St-Zip: TAMPA, FL 33619

Title: D,V (X) Change () Addition
Name: GELSTON, BEN
Address: 1137 MARBELLA PLAZA DR.
City-St-Zip: TAMPA, FL 33619

Title: DST (X) Change () Addition
Name: BARBOSA, VICTOR E
Address: 1137 MARBELLA PLAZA DR.
City-St-Zip: TAMPA, FL 33619

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 JONES

DP

08/14/2008

Electronic Signature of Signing Officer or Director

Date