2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# N08000004260

Entity Name: WATERS-SHELDON PROPERTY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

655 N. FRANKLIN STREET
SUITE 2200
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

655 N. FRANKLIN STREET
SUITE 2200
TAMPA, FL 33602

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUSSNER, STEPHEN L
201 N. FRANKLIN STREET
SUITE 2200
TAMPA, FL 33602 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: D ( ) Delete
Name: GLUNTA, RICHARD S
Address: 405 N. REO STREET, SUITE 2200
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete
Name: ELLISON, CASEY
Address: 3225 S. MACDILL AVE. #129-315
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete
Name: WEYSON, SARA ` `
Address: 655 N. FRANKLIN STREET, SUITE 2200
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GIUNTA, RICHARD S
Address: 405 N. REO STREET, SUITE 2200
City-St-Zip: TAMPA, FL 33609

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

Title: D (X) Change ( ) Addition
Name: WAYSON, SARA ` `
Address: 655 N. FRANKLIN STREET, SUITE 2200
City-St-Zip: TAMPA, FL 33602

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: SARA M WAYSON D 02/09/2009

Electronic Signature of Signing Officer or Director — Date