

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 25, 2009
Secretary of State**

DOCUMENT# N14844

Entity Name: WATER OAK ESTATES PROPERTY OWNERS' ASSOCIATION INC.

Current Principal Place of Business:

21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 65-0016575 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAM K. ISAACSON,
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

ISAACSON, WILLIAM K AGENT
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 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: WILLIAM K. ISAACSON 03/25/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: TOLLIN, BILL
Address: 5701 NW 23RD AVE
City-St-Zip: BOCA RATON, FL 33496

Title: PD () Delete
Name: FISHMAN, STEVEN
Address: 5601 NW 23RD AVENUE
City-St-Zip: BOCA RATON, FL 33496

Title: T () Delete
Name: WEBER, HERBERT
Address: 2251 NW 59TH STREET
City-St-Zip: BOCA RATON, FL 33496

Title: D () Delete
Name: SINGERMAN, MORTON
Address: 5493 NW 23RD AVE
City-St-Zip: BOCA RATON, FL 33496

Title: D () Delete
Name: WOLFF, BARRY
Address: 2250 NW 59TH STREET
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: FISHMAN, STEVEN
Address: 5601 NW 23RD AVENUE
City-St-Zip: BOCA RATON, FL 33496

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: STEVEN FISHMAN P 03/25/2009
Electronic Signature of Signing Officer or Director Date