2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2009
Secretary of State

DOCUMENT# N15889

Entity Name: OAKWATER ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

990 OAKPOINT VIEW COURT
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

990 OAKPOINT VIEW COURT
APOPKA, FL 32712

New Mailing Address:

FEI Number: 59-0242590 **FEI Number Applied For ( )** **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:

WILCOX, DENNIS
1080 OAKPOINT CIRCLE
APOPKA, FL 32712 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: P ( ) Delete
Name: COOPER, JACK
Address: 954 OAKPOINT C 1
City-St-Zip: APOPKA, FL 32712

Title: VP ( ) Delete
Name: BUTSRA, CHRISTIAN
Address: 1139 OAKPOINT C 1
City-St-Zip: APOPKA, FL 32712

Title: S ( ) Delete
Name: DASSE, BETSY
Address: 972 OAKPOINT C 1
City-St-Zip: APOPKA, FL 32712

Title: TD ( ) Delete
Name: WILCOX, DENNIS
Address: 1080 OAKPOINT CIR.
City-St-Zip: APOPKA, FL

Title: M ( ) Delete
Name: DICKSON, MIKE
Address: 960 OAKPOINT CIRCLE
City-St-Zip: APOPKA, FL 32712

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:

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: DENNIS WILCOX TREA 06/30/2009

Electronic Signature of Signing Officer or Director — Date