

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24182

FILED
Apr 06, 2009
Secretary of State

Entity Name: WATERMAN COMMUNITIES, INC.

Current Principal Place of Business:

250 BROOKFIELD AVE
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

250 BROOKFIELD AVE
MOUNT DORA, FL 32757

New Mailing Address:

FEI Number: 59-2867652 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEIGH, RICHARD A
1031 WEST MORSE BLVD.
SUITE 160
WINTER PARK, FL 32789 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: C () Delete
Name: LEIGH, RICHARD A
Address: 1031 WEST MORSE BLVD SUITE 350
City-St-Zip: WINTER PARK, FL 32789

Title: TD () Delete
Name: MCDONALD, ANDY PASTOR
Address: FLORIDA HOSPITAL-SDA CHURCH, 2800 N. ORANG
City-St-Zip: ORLANDO, FL 32804

Title: P () Delete
Name: DALE, LIND
Address: 250 BROOKFIELD AVENUE
City-St-Zip: MOUNT DORA, FL 32757

Title: D () Delete
Name: MCEWEN, KEVIN W
Address: 18500 US HWY 441
City-St-Zip: MOUNT DORA, FL 32757

Title: D () Delete
Name: RODRIGUEZ, DIANA P
Address: 305 E OAK ST
City-St-Zip: APOPKA, FL 32703

Title: SD () Delete
Name: SKILTON, GARY
Address: 111 N ORLANDO AVE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PCEO (X) Change () Addition
Name: LIND, DALE
Address: 250 BROOKFIELD AVENUE
City-St-Zip: MOUNT DORA, FL 32757

Title: VCFO (X) Change () Addition
Name: DUJON, ANDREW
Address: 250 BROOKFIELD AVENUE
City-St-Zip: MOUNT DORA, FL 32757

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: DALE LIND

PCEO

04/06/2009

Electronic Signature of Signing Officer or Director

Date