

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33697

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: WATERVIEW RIDGE ASSOCIATION, INC.

**Current Principal Place of Business:**

3230 AVOCET LANE  
ORANGE PARK, FL 32065 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 65868  
ORANGE PARK, FL 32065 US

**New Mailing Address:**

FEI Number: 59-3020024

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KINGSLEY CENTER REALTY  
1665 KINGSLEY AVENUE #104  
ORANGE PARK, FL 32073 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: MACK, RON  
Address: 1617 IBIS DRIVE  
City-St-Zip: ORANGE PARK, FL 32065

Title: PD ( ) Delete  
Name: HOOKER, ART JR.  
Address: 3230 AVOCET LANE  
City-St-Zip: ORANGE PARK, FL 32065

Title: D ( ) Delete  
Name: KLIEST, KATHY  
Address: 3244 DOWITCHER LANE  
City-St-Zip: ORANGE PARK, FL 32065

Title: D ( ) Delete  
Name: TERNOVSKY, ROD  
Address: 1594 IBIS DRIVE  
City-St-Zip: ORANGE PARK, FL 32065

Title: D ( ) Delete  
Name: PRIMM, FRANK  
Address: 3254 MERGANZER TRAIL  
City-St-Zip: ORANGE PARK, FL 32065

**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: ART HOOKER, JR.

PD

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date