

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39435

FILED
Aug 24, 2009
Secretary of State

Entity Name: WATER OAKS ESTATES PROPERTY OWNERS ASSOCIATION,INC.

Current Principal Place of Business:

1379 OAK BEND TRAIL
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1153
GONZALEZ, FL 325608153

New Mailing Address:

1379 OAK BEND TRAIL
CANTONMENT, FL 32533

FEI Number: 59-2988113 **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:

SCHONOUR, TINA B
1379 OAK BEND TRAIL
CANTONMENT, FL 32533 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: PRES () Delete
Name: SCHONOUR, TINA B PRES
Address: 1379 OAK BEND TRAIL
City-St-Zip: CANTONMENT, FL 32533 US

Title: TRES () Delete
Name: GARDIPEE, RHONDA TRES
Address: 1137 OAK RIDGE TRAIL
City-St-Zip: CANTONMENT, FL 32533 US

Title: VP () Delete
Name: PETERS, FRANKIE A
Address: 1134 OAK RIDGE TRAIL
City-St-Zip: CANTONMENT, FL 32533 US

Title: SEC () Delete
Name: CHAVERS, BRENDA
Address: 1121 OAK RIDGE TRAIL
City-St-Zip: CANTONMENT, FL 32533 US

Title: BOD () Delete
Name: CARUTHERS, WILLIAM C
Address: 1424 WATER OAKS TRAIL
City-St-Zip: CANTONMENT, FL 32533 US

Title: BOD () Delete
Name: WILLIAMSON, RONALD E
Address: 1245 OAK RIDGE TRAIL
City-St-Zip: CANTONMENT, FL 32533 US

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
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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: TINA B SCHONOUR

PRES

08/24/2009

Electronic Signature of Signing Officer or Director

Date