

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000854

FILED
Jan 22, 2009
Secretary of State

Entity Name: WATERFORD LAKES TRACT N-24 NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

5205 S ORANGE AVENUE, SUITE 206
ORLANDO, FL 32809 US

New Principal Place of Business:

Current Mailing Address:

5205 S ORANGE AVENUE, SUITE 206
ORLANDO, FL 32809 US

New Mailing Address:

FEI Number: 59-3203282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOUSE OF MANAGEMENT ENTERPRISES FOR
COMMUNITY ASSOCIATIONS, INC.
5205 S ORANGE AVENUE, SUITE 206
ORLANDO, FL 32809 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: VP () Delete
Name: BOYLES, BRETT
Address: 618 WATERSCAPE WAY
City-St-Zip: ORLANDO, FL 32828

Title: TD () Delete
Name: AMIKER, MERICE
Address: 531 TERRACE COVE WAY
City-St-Zip: ORLANDO, FL 32828

Title: P () Delete
Name: POLOMSKI, CAROLYN
Address: 655 WATERSCAPE WAY
City-St-Zip: ORLANDO, FL 32828

Title: D () Delete
Name: SCHOGGER, DAVID
Address: 624 WATERSCOPE WAY
City-St-Zip: ORLANDO, FL 32828

Title: D (X) Delete
Name: CHEREPY, BRENDA
Address: 13007 CRYSTAL COVE DRIVE
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BOYLES, BRETT
Address: 618 WATERSCAPE WAY
City-St-Zip: ORLANDO, FL 32828

Title: VD (X) Change () Addition
Name: AMIKER, MERICE
Address: 531 TERRACE COVE WAY
City-St-Zip: ORLANDO, FL 32828

Title: PD (X) Change () Addition
Name: POLOMSKI, CAROLYN
Address: 655 WATERSCAPE WAY
City-St-Zip: ORLANDO, FL 32828

Title: STD (X) Change () Addition
Name: SCHOGGER, DAVID
Address: 624 WATERSCOPE WAY
City-St-Zip: ORLANDO, FL 32828

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: CAROLYN POLOMSKI

PRES

01/22/2009

Electronic Signature of Signing Officer or Director

Date