

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000793

FILED  
Jul 23, 2009  
Secretary of State

**Entity Name:** ATWATER HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

439 ATWATER CT  
MARY ESTHER, FL 32569

**New Principal Place of Business:**

**Current Mailing Address:**

439 ATWATER CT  
MARY ESTHER, FL 32569

**New Mailing Address:**

**FEI Number:** 59-3195448      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

DAY, WENDY  
439 ATWATER CT  
MARY ESTHER, FL 32569      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: PD ( ) Delete  
Name: DAY, WENDY  
Address: 439 ATWATER CT  
City-St-Zip: MARY ESTHER, FL 32569

Title: VD ( ) Delete  
Name: THOMAS, FERRIS  
Address: 441 ATWATER CT  
City-St-Zip: MARY ESTHER, FL 32569

Title: STD ( ) Delete  
Name: BERRY, LYNN  
Address: 435 ATWATER CT  
City-St-Zip: MARY ESTHER, FL 32569

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: STD (X) Change ( ) Addition  
Name: WENDY, DAY  
Address: 439 ATWATER CT  
City-St-Zip: MARY ESTHER, FL 32569

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: WENDY DAY

PD

07/23/2009

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

\_\_\_\_\_  
Date