

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005736

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: WATERWITCH COVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1244 WATERWITCH COVE CIR.  
ORLANDO, FL 32806 US

**New Principal Place of Business:**

1333 WATERWITCH COVE CIR.  
ORLANDO, FL 32806 US

**Current Mailing Address:**

1333 WATERWITCH COVE CIR  
ORLANDO, FL 32806

**New Mailing Address:**

FEI Number: 59-3276902      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WARREN, LISA  
1333 WATERWITCH COVE CIR  
ORLANDO, FL 32806 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: DP ( ) Delete  
Name: CZAPKA, THAD  
Address: 1339 WATERWITCH COVE CIRCLE  
City-St-Zip: ORLANDO, FL 32806

Title: DVP ( ) Delete  
Name: MEDDOCK, LARRY  
Address: 4860 WATERWITCH POINT DR  
City-St-Zip: ORLANDO, FL 32806

Title: DST ( ) Delete  
Name: WARREN, LISA  
Address: 1333 WATERWITCH COVE CIR  
City-St-Zip: ORLANDO, FL 32806

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

Title: DP (X) Change ( ) Addition  
Name: MOORE, KEVIN  
Address: 1201 WATERWITCH COVE CIRCLE  
City-St-Zip: ORLANDO, FL 32806

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: LISA WARREN

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

SEC

01/19/2009

\_\_\_\_\_  
Date