

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001214

FILED
Jan 22, 2009
Secretary of State

Entity Name: WATERFORD LAKES TRACT N-22 NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

HOUSE OF MGMT FOR COMM ASSOCS, INC.
5205 S ORANGE AVE, STE 206
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

HOUSE OF MGMT FOR COMM ASSOCS, INC.
5205 S ORANGE AVE, STE 206
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 59-3379420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOUSE OF MGMT FOR COMM ASSOCS, INC.
5205 S ORANGE AVE, STE D
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

HOUSE OF MGMT FOR COMM ASSOCS, INC.
5205 S ORANGE AVE, STE 206
ORLANDO, FL 32809 US

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: _____

01/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: SMITH, CHARLENE
Address: 13612 LAKEWAY
City-St-Zip: ORLANDO, FL 32828

Title: DP () Delete
Name: BARTOSAVAGE, BLAINE
Address: 13459 IVY BROOKE LN
City-St-Zip: ORLANDO, FL 32828

Title: D () Delete
Name: HOYER, BRENDA
Address: 13507 IVY BROOKE LANE
City-St-Zip: ORLANDO, FL 32828

Title: DT () Delete
Name: SKOK, CAROLYN
Address: 620 FOREST GREEN CT
City-St-Zip: ORLANDO, FL 32828

Title: DS (X) Delete
Name: BEHAN, MARY
Address: 727 WATERLAND COURT
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: SMITH, CHARLENE
Address: 13612 LAKEWAY
City-St-Zip: ORLANDO, FL 32828

Title: PTD (X) Change () Addition
Name: BARTOSAVAGE, BLAINE
Address: 13459 IVY BROOKE LN
City-St-Zip: ORLANDO, FL 32828

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

Title: SD (X) Change () Addition
Name: BEHAN, MARY
Address: 727 WATERLAND COURT
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: BLAINE BARTOSAVAGE

PRES

01/22/2009

Electronic Signature of Signing Officer or Director

Date