

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006307

FILED
Mar 31, 2009
Secretary of State

Entity Name: THE WATERWAYS AT PEMBROKE FALLS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O UNITED COMMUNITY MGMT
11784 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065 US

Current Mailing Address:

C/O UNITED COMMUNITY MGMT
11784 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

C/O UNITED COMMUNITY MGMT
11784 W. SAMPLE ROAD #103
CORAL SPRINGS, FL 33065 US

New Mailing Address:

C/O UNITED COMMUNITY MGMT
11784 W. SAMPLE ROAD #103
CORAL SPRINGS, FL 33065 US

FEI Number: 65-0732081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED COMMUNITY MANAGEMENT
11784 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

UNITED COMMUNITY MANAGEMENT
11784 W. SAMPLE ROAD
#103
CORAL SPRINGS, FL 33065 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: RENEE CAMPBELL

03/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: ESPINOSA, JOSEPH
Address: 13032 NW 6 CT
City-St-Zip: PEMBROKE PINES, FL

Title: PD () Delete
Name: SELINGER, BILL
Address: 13073 NW 7 ST
City-St-Zip: PEMBROKE PINES, FL

Title: D () Delete
Name: FRUSTACI, MARY
Address: 12991 NW 5 COURT
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VPD () Delete
Name: LEONARD, PAUL
Address: 685 N.W. 130TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: SD () Delete
Name: KOGAN, SANDI
Address: 627 NW 129TH WAY
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: KELSEY, HELEN
Address: 590 NW 130 WAY
City-St-Zip: PEMBROKE PINES, FL 33028

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: MARY LOU PALMER

AGT

03/31/2009

Electronic Signature of Signing Officer or Director

Date