

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001664

FILED
Aug 13, 2009
Secretary of State

Entity Name: WOODHAVEN AT WATERFORD HOMEOWNERS 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: 59-3474410 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

Name and Address of New Registered Agent:

HOUSE OF MANAGEMENT ENTERPRISES FOR
COMMUNITY ASSOCIATIONS, INC.
5205 S. ORANGE AVENUE, SUITE 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PHILLIPS, JANET
Address: 712 MAGNOLIA CREEK CIR.
City-St-Zip: ORLANDO, FL 32828

Title: D () Delete
Name: LIEBOWITZ, MIA
Address: 721 MAGNOLIA CREEK CIRCLE
City-St-Zip: ORLANDO, FL 32828

Title: TD () Delete
Name: FOLEY, HERBERT
Address: 829 MAGNOLIA CREEK CIR.
City-St-Zip: ORLANDO, FL 32828

Title: SD () Delete
Name: WILLIAMS, CAROL
Address: 728 MAGNOLIA CREEK CIR
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JANET PHILLIPS

P

08/13/2009

Electronic Signature of Signing Officer or Director

Date