

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001671

FILED
Apr 07, 2009
Secretary of State

Entity Name: THE RESERVE AT WATERFORD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

498 PALM SPRINGS DR., #235
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

BOYLE MGMT SVCS
498 PALM SPRINGS DR., #235
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: 59-3474413 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYLE, JAMES W
BOYLE MGMT.
498 PALM SPRINGS DR., STE. 235
ALTAMONTE SPRINGS, FL 32701 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: D (X) Delete
Name: CHAPMAN, JOHN
Address: 542 CEDAR FOREST CIR.
City-St-Zip: ORLANDO, FL 32828 US

Title: PD () Delete
Name: CAPONI, ELSO
Address: 727 CEDAR FOREST CIR.
City-St-Zip: ORLANDO, FL 32828 US

Title: DS (X) Delete
Name: GOODMAN, AMY
Address: 219 CEDAR FOREST CIR
City-St-Zip: ORLANDO, FL 32828 US

Title: TD () Delete
Name: PONTIUS, KIMBERLY
Address: 14025 CHERRY BUSH CT
City-St-Zip: ORLANDO, FL 32828

Title: DVP () Delete
Name: KONZEN, LISA
Address: 830 MAPLE TREE LN
City-St-Zip: ORLANDO, FL 32828

Title: D (X) Delete
Name: FENGFISH, TERRY
Address: 801 MAPLE TREE LANE
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: DTS (X) Change () Addition
Name: PONTIUS, KIMBERLY
Address: 14025 CHERRY BUSH CT
City-St-Zip: ORLANDO, FL 32828

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: KIMBERLY PONTIUS

DTS

04/07/2009

Electronic Signature of Signing Officer or Director

Date