

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003961

FILED  
Apr 16, 2004  
Secretary of State

Entity Name: WAVERLEE WOODS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

561 FARMINGTON CT  
OVIEDO, FL 32765

**New Principal Place of Business:**

225 S. WESTMONTE DRIVE  
SUITE 2050  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

P. O. BOX 162147  
ALTAMONTE SPRINGS, FL 327162147 US

**New Mailing Address:**

FEI Number: 59-3457794      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WOMACK, ELLEN R  
225 S. WESTMONTE DRIVE  
SUITE 2050  
ALTAMONTE SPRINGS, FL 32714 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: PD ( ) Delete  
Name: CLARK, DEREK  
Address: 561 FARMINGHAMCT  
City-St-Zip: OVIEDO, FL 32765

Title: VD ( ) Delete  
Name: DILLEHAY, DAVID A  
Address: 1710 ASHLAND TRAIL  
City-St-Zip: OVIEDO, FL 32765

Title: TD ( ) Delete  
Name: RUFF, KIM  
Address: 260 LYNN ST  
City-St-Zip: OVIEDO, FL 32765

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: PD (X) Change ( ) Addition  
Name: PARILLA, NIKKI  
Address: 480 FARMINGTON COURT  
City-St-Zip: OVIEDO, FL 32765

Title: VD (X) Change ( ) Addition  
Name: TAWNEY, KIM  
Address: 531 FARMINGTON COURT  
City-St-Zip: OVIEDO, FL 32765

Title: TD (X) Change ( ) Addition  
Name: CARABALLO, JUANITA  
Address: 1841 ASHLAND TRAIL  
City-St-Zip: OVIEDO, FL 32765

Title: SD ( ) Change (X) Addition  
Name: HARMEL, KRISTIN  
Address: 551 FARMINGTON COURT  
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NIKKI PARILLA

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04/16/2004

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

\_\_\_\_\_  
Date