2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006
Secretary of State

DOCUMENT# N97000003961

Entity Name: WAVERLEE WOODS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

225 S. WESTMONTE DRIVE
SUITE 3310
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

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 3310
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: PARILLA, NIKKI
Address: 480 FARMINGTON COURT
City-St-Zip: OVIEDO, FL 32765

Title: VD ( ) Delete
Name: EVANS, SUE
Address: 451 LYNN STREET
City-St-Zip: OVIEDO, FL 32765

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

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

Title: D ( ) Delete
Name: COPEN, JOHN
Address: 500 FARMINGHAM COURT
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: COPEN, JOHN
Address: 500 FARMINGHAM COURT
City-St-Zip: OVIEDO, FL 32765

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

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

Title: SD (X) Change ( ) Addition
Name: OLNESS, LARRY
Address: 181 LYNN STREET
City-St-Zip: OVIEDO, FL 32765

Title: D (X) Change ( ) Addition
Name: MILLER, RALPH
Address: 521 FARMINGHAM 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 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: ELLEN R. WOMACK A 03/28/2006

Electronic Signature of Signing Officer or Director — Date