

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003961

FILED
Apr 16, 2007
Secretary of State

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: COPEN, JOHN
Address: 500 FARMINGHAM 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: OLNESS, LARRY
Address: 181 LYNN STREET
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: MILLER, RALPH
Address: 521 FARMINGHAM COURT
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LELEWICZ, ED
Address: 490 LYNN ST.
City-St-Zip: OVIEDO, FL 32765

Title: VD (X) Change () Addition
Name: LANDI, JAMES
Address: 480 FARMINGHAM COURT
City-St-Zip: OVIEDO, FL 32765

Title: TD (X) Change () Addition
Name: RAND, GLORIA
Address: 410 AUGUSTINE COURT
City-St-Zip: OVIEDO, FL 32765

Title: SD (X) Change () Addition
Name: CLARK, DEREK
Address: 561 FARMINGHAM COURT
City-St-Zip: OVIEDO, FL 32765

Title: D (X) Change () Addition
Name: COPEN, JOHN
Address: 500 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

04/16/2007

Electronic Signature of Signing Officer or Director

Date