

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003961

FILED
Apr 16, 2009
Secretary of State

Entity Name: WAVERLEE WOODS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1750 W. BROADWAY ST
SUITE 220
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

1750 W. BROADWAY ST
SUITE 220
OVIEDO, FL 32765

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:

COMMUNITY MANAGEMENT SPECIALISTS, INC.
1750 W. BROADWAY ST
SUITE 220
OVIEDO, FL 32765 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 () Delete
Name: CLARK, DEREK
Address: 561 FARMINGHAM ST
City-St-Zip: OVIEDO, FL 32765

Title: DP () Delete
Name: LANDI, JAMES
Address: 480 FARMINGHAM COURT
City-St-Zip: OVIEDO, FL 32765

Title: DST () Delete
Name: RAND, GLORIA
Address: 410 AUGUSTINE 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: S (X) Change () Addition
Name: ALVAREZ, ANDRES
Address: 591 AUGUSTINE COURT
City-St-Zip: OVIEDO, FL 32765

Title: T (X) Change () Addition
Name: POLLACK, BOB
Address: 431 AUGUSTINE COURT
City-St-Zip: OVIEDO, FL 32765

Title: P (X) Change () Addition
Name: JEAN-CHARLES, GLARSNELL
Address: 511 WELLESLEY STREET
City-St-Zip: OVIEDO, FL 32765

Title: VP (X) Change () Addition
Name: JURGIELSKI, ROSEMARIE
Address: 460 WELLESLEY STREET
City-St-Zip: OVIEDO, FL 32765

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: GLARSNELL JEAN-CHARLES

P

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date