

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005266

FILED
Jan 12, 2009
Secretary of State

Entity Name: WATERFORD LANDING HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

572 SUMMERWOOD DR.
MINNEOLA, FL 34715

New Principal Place of Business:

Current Mailing Address:

PO BOX 1156
MINNEOLA, FL 34755

New Mailing Address:

FEI Number: 59-3503021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARDWELL, CHERISE
572 SUMMERWOOD DR.
MINNEOLA, FL 34715 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: VP () Delete
Name: SCOTT, STURRUP
Address: 569 SUMMERWOOD DR
City-St-Zip: MINNEOLA, FL 34715

Title: D () Delete
Name: THOMSON, J ROSS
Address: 556 SUMMERWOOD DR.
City-St-Zip: MINNEOLA, FL 34715

Title: D () Delete
Name: EYERLY, KIMBERLY
Address: 562 SUMMERWOOD DR.
City-St-Zip: MINNEOLA, FL 34715

Title: P () Delete
Name: MAERZ, JAMES
Address: 541 BROOKWOOD CT.
City-St-Zip: MINNEOLA, FL 34715

Title: S () Delete
Name: PEACOCK, KENNETH
Address: 566 SUMMERWOOD DR
City-St-Zip: MINNEOLA, FL 34715

Title: T () Delete
Name: CARDWELL, CHERISE
Address: 572 SUMMERWOOD DR.
City-St-Zip: MINNEOLA, FL 34715

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCOTT, STURRUP
Address: 569 SUMMERWOOD DR
City-St-Zip: MINNEOLA, FL 34715

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

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

Title: VP (X) Change () Addition
Name: MAERZ, JAMES
Address: 541 BROOKWOOD CT.
City-St-Zip: MINNEOLA, FL 34715

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: CHERISE CARDWELL

T

01/12/2009

Electronic Signature of Signing Officer or Director

Date