

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004912

FILED
Apr 15, 2009
Secretary of State

Entity Name: WRHOA, INC.

Current Principal Place of Business:

2755 BORDER LAKE ROAD
SUITE 101
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

2755 BORDER LAKE ROAD
SUITE 101
APOPKA, FL 32703

New Mailing Address:

FEI Number: 59-3531197

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERIDYTHE, KANAGA
2755 BORDER LAKE ROAD, SUITE 101
APOPKA, FL 32703 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: TOMAINO, LYDIA
Address: 2247 WEKIVA RESERVE BLVD
City-St-Zip: APOPKA, FL 32703

Title: DP () Delete
Name: PIRES, DIANE
Address: 2018 WEKIVA RESERVE BLVD
City-St-Zip: APOPKA, FL 32703

Title: DVP () Delete
Name: MULHOLLAND, MICHAEL
Address: 2145 WEKIVA RESERVE BLVD
City-St-Zip: APOPKA, FL 32703

Title: DS () Delete
Name: MENTZOS, DEBBIE
Address: 2139 WEKIVA RESERVE BLVD
City-St-Zip: APOPKA, FL 32703

Title: DT () Delete
Name: BRYON, SUSAN
Address: 2114 WEKIVA RESERVE BLVD
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: STALEY, JAMES M
Address: 2132 WEKIVA RESERVE BLVD.
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SANTIAGO, MICHAEL
Address: 2012 WEKIVA RESERVE BLVD
City-St-Zip: APOPKA, FL 32703

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

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

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

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

Title: D (X) Change () Addition
Name: GIRARD, PAULINE
Address: 2102 WEKIVA RESERVE BLVD.
City-St-Zip: APOPKA, FL 32703

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: DEBBIE MENTZOS

DS

04/15/2009

Electronic Signature of Signing Officer or Director

Date