

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005019

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: WATERFORD ESTATES AMENITY CENTER, INC.

## Current Principal Place of Business:

SIGNATURE REALITY  
4003 HARLEY RD  
JACKSONVILLE, FL 32257

## New Principal Place of Business:

11555 CENTRAL PARKWAY  
STE 801  
JACKSONVILLE, FL 32224

## Current Mailing Address:

920 THIRD ST.  
STE B  
NEPTUNE BEACH, FL 32266

## New Mailing Address:

11555 CENTRAL PARKWAY  
STE 801  
JACKSONVILLE, FL 32224

FEI Number: 59-3544858

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CANTRELL, BRYAN  
SIGNATURE REALTY MGMT INC  
4003 HARTLEY RD  
JACKSONVILLE, FL 32257 US

## Name and Address of New Registered Agent:

FIRST COAST ASSOCIATION MANAGEMENT  
11555 CENTRAL PARKWAY  
STE 801  
JACKSONVILLE, FL 32224 US

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: FIRST COAST ASSOCIATION MANAGEMENT

03/20/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: TITUS, SKIPP  
Address: 4003 HARTLEY RD  
City-St-Zip: JACKSONVILLE, FL 32257

Title: CD ( ) Delete  
Name: MASON, JOHN  
Address: 4003 HARTLEY RD  
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete  
Name: KOVARIK, CHARLES S  
Address: 4003 HARTLEY RD  
City-St-Zip: JACKSONVILLE, FL 32257

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SEC (X) Change ( ) Addition  
Name: TITUS, SKIPP  
Address: 12009 LAKE FERN DR  
City-St-Zip: JACKSONVILLE, FL 32258

Title: TREA (X) Change ( ) Addition  
Name: MASON, JOHN  
Address: 12071 LONDON LAKE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32258

Title: PRES (X) Change ( ) Addition  
Name: KOVARIK, CHARLES S  
Address: 5225 LIBERTY LAKE DR S  
City-St-Zip: JACKSONVILLE, FL 32258

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: FIRST COAST ASSOCIATION MANAGEMENT

RA

03/20/2009

Electronic Signature of Signing Officer or Director

Date