

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004400

FILED
Jun 27, 2009
Secretary of State

Entity Name: WATERFORD PLACE OF PENSACOLA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10138 CREST RIDGE DRIVE
PENSACOLA, FL 32514

New Principal Place of Business:

9835 KNOLLVIEW DR
PENSACOLA, FL 32514

Current Mailing Address:

P.O. BOX 7089
PENSACOLA, FL 32534

New Mailing Address:

FEI Number: 59-3632607 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BARKER, WILMA J
10138 CREST RIDGE DRIVE
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

JOHNSSON, LYNDA
9835 KNOLLVIEW DR
PENSACOLA, FL 32514 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: JASON K HARVEY

06/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: BARKER, WILMA J
Address: 10138 CREST RIDGE DRIVE
City-St-Zip: PENSACOLA, FL 32514

Title: T () Delete
Name: EILERTSON, HAROLD
Address: 9842 KNOLLVIEW DRIVE
City-St-Zip: PENSACOLA, FL 32514

Title: VD () Delete
Name: GOODLOE, THOMAS J
Address: 9808 CRESTMONT CIRCLE
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: HARVEY, JASON
Address: 10126 CREST RIDGE DRIVE
City-St-Zip: PENSACOLA, FL 32514

Title: PD (X) Delete
Name: MEYER, TERRY
Address: 9810 KNOLLVIEW DRIVE
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: JOHNSON, LYNDA
Address: 9835 KNOLLVIEW DR
City-St-Zip: PENSACOLA, FL 32514

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

Title: VD (X) Change () Addition
Name: GOMEZ, HERMAN
Address: 9819 KNOLLVIEW DR
City-St-Zip: PENSACOLA, FL 32514

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: JASON K HARVEY

D

06/27/2009

Electronic Signature of Signing Officer or Director

Date