


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90053 027 ****61.25

DOCUMENT # N00000003482

1. Entity Name
WATERFORD PLACE P.O.A., INC.



Principal Place of Business
 2476 N. ESSEX AVE.
 HERNANDO, FL 34442

Mailing Address
 2476 N. ESSEX AVE.
 HERNANDO, FL 34442

2. Principal Place of Business - No P.O. Box #
 2541 N Roston Terrace
 Suite, Apt. #, etc.

3. Mailing Address
 2541 N Roston Terrace
 Suite, Apt. #, etc.



03042007 Chg-NP CR2E037 (12/06)

City & State
 Hernando, FL

City & State
 Hernando, FL

Zip
 34442

Country
 USA

4. FEI Number
 59-3649552

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABEL, ERIC D. ESQ.
 2476 N. ESSEX AVE.
 HERNANDO, FL 34442

7. Name and Address of New Registered Agent

Name
 Villages Services Cooperative Inc

Street Address (P.O. Box Number is Not Acceptable)
 2541 N Roston Terrace

City
 Hernando

FL Zip Code
 34442

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Eric D. Abel* DATE *4/23/07*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE PD	ABEL, ERIC D <input checked="" type="checkbox"/> Delete
NAME	2476 N. ESSEX AVE.
STREET ADDRESS	HERNANDO, FL 34442
CITY-ST-ZIP	
TITLE TD	PASTOR, JOHN E <input checked="" type="checkbox"/> Delete
NAME	2476 N. ESSEX AVE.
STREET ADDRESS	HERNANDO, FL 34442
CITY-ST-ZIP	
TITLE SD	DRISKILL, DEB <input checked="" type="checkbox"/> Delete
NAME	2476 N. ESSEX AVE.
STREET ADDRESS	HERNANDO, FL 34442
CITY-ST-ZIP	
TITLE D	AVIS, CRAIG M <input checked="" type="checkbox"/> Delete
NAME	2476 N ESSEX AVE
STREET ADDRESS	HERNANDO, FL 34442
CITY-ST-ZIP	
TITLE D	DUBANOSKI, JOE <input checked="" type="checkbox"/> Delete
NAME	2273 N OVERLOOK PATH
STREET ADDRESS	HERNANDO, FL 34442
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roger M Carlson
STREET ADDRESS	76 W Glen Arbor Lane
CITY-ST-ZIP	Hernando 34442
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pamela Ruben
STREET ADDRESS	2299 N Overlook Path
CITY-ST-ZIP	Hernando 34442
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIT Diane Kelly
STREET ADDRESS	2348 N Hickory Glen Pt
CITY-ST-ZIP	Hernando 34442
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dianne Erb
STREET ADDRESS	2373 N Hickory Glen Pt
CITY-ST-ZIP	Hernando 34442
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Roger M Carlson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #