2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003482

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

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2541 N RISTON TERR. 2541 N RESTON TERR. HERNANDO, FL 34442 HERNANDO, FL 34442

Current Mailing Address: New Mailing Address:

2541 N RISTON TERR 2541 N RESTON TERR. HERNANDO, FL 34442 HERNANDO, FL 34442

FEI Number: 59-3649552 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VILLAGES SERVICES CORP. INC. VILLAGES SERVICES CORP. INC. 2541 N RISTON TERR. 2541 N RESTON TERR. US HERNANDO, FL 34442 US HERNANDO, FL 34442

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: GERALYN O'BRIEN - VILLAGES SERVICES CORP. 04/29/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete CARISON, ROOGER M CARLSON, ROGER M Name: Name: 76 W. GLEN ARBOR LN. Address: 76 W. GLEN ARBOR LN. Address: City-St-Zip: HERNANDO, FL 34442 City-St-Zip: HERNANDO, FL 34442

Title: () Delete Title: (X) Change () Addition

RUBAN, PAMELA Name: RUBEN, PAMELA Name: Address: 2299 N. OVERLOOK PAUTN Address: 2299 N. OVERLOOK PATH City-St-Zip: HERNANDO, FL 34442 City-St-Zip: HERNANDO, FL 34442

Title: () Delete Title: () Change () Addition

KELLY, DIANE Name: Name:

2348 N HICKORY GLEN PT. Address: Address: City-St-Zip: HERNANDO, FL 34442 City-St-Zip:

() Delete Title: Title: (X) Change () Addition ERO, DIAMNY Name: Name: ERB, DIANNE

Address: 2373 HICKORY GLEN PL. Address: 2373 N HICKORY GLEN PT City-St-Zip: HERNANDO, FL 34442 City-St-Zip: HERNANDO, FL 34442

Title: () Delete Title: () Change (X) Addition

BERLOW, JUDITH Name: Name: 2263 N OVERLOOK PATH Address: Address: City-St-Zip: City-St-Zip: HERNANDO, FL 34442

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: ROGER CARLSON PD 04/29/2008