

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003482

FILED  
Apr 21, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2541 N RESTON TERR.  
HERNANDO, FL 34442

**New Principal Place of Business:**

**Current Mailing Address:**

2541 N RESTON TERR.  
HERNANDO, FL 34442

**New Mailing Address:**

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

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

VILLAGES SERVICES CORP. INC.  
2541 N RESTON TERR.  
HERNANDO, FL 34442      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: P ( ) Delete  
Name: CARLSON, ROGER M  
Address: 76 W. GLEN ARBOR LN.  
City-St-Zip: HERNANDO, FL 34442

Title: VP ( ) Delete  
Name: RUBEN, PAMELA  
Address: 2299 N. OVERLOOK PATH  
City-St-Zip: HERNANDO, FL 34442

Title: ST ( ) Delete  
Name: KELLY, DIANE  
Address: 2348 N HICKORY GLEN PT.  
City-St-Zip: HERNANDO, FL 34442

Title: D ( ) Delete  
Name: ERB, DIANNE  
Address: 2373 N HICKORY GLEN PT  
City-St-Zip: HERNANDO, FL 34442

Title: D ( ) Delete  
Name: BERLOW, JUDITH  
Address: 2263 N OVERLOOK PATH  
City-St-Zip: HERNANDO, FL 34442

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ( ) 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: DIANE KELLY

ST

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date