

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003482

FILED  
Apr 26, 2012  
Secretary of State

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

**Current Principal Place of Business:**

1339 N CARNEVALE TER  
LECANTO, FL 34461

**New Principal Place of Business:**

**Current Mailing Address:**

1339 N CARNEVALE TER  
LECANTO, FL 34461

**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:**

PHILLIPS CPA SERVICES, LLC  
1339 N CARNEVALE TER  
LECANTO, FL 34461 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  
Name: CARLSON, ROGER M  
Address: 76 W. GLEN ARBOR LN.  
City-St-Zip: HERNANDO, FL 34442

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

Title: T  
Name: WHITE, ROBERT  
Address: 2263 N OVERLOOK PATH  
City-St-Zip: HERNANDO, FL 34442

Title: S  
Name: ERB, DIANNE  
Address: 2373 N HICKORY GLEN PT  
City-St-Zip: HERNANDO, FL 34442

Title: D  
Name: MARIC, LEO  
Address: 2224 N OVERLOOK PATH  
City-St-Zip: HERNANDO, FL 34442

I hereby 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 all other like empowered.

SIGNATURE: ROGER CARLSON

PRES

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date