


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000007290
 1. Entity Name
 WATERFORD OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 400 EAGLE LAKE LOOP ROAD EAST, WINTER HAVEN, FL 33884
 Mailing Address: PO BOX 589, WINTER HAVEN, FL 33882



01042005 No Chg-NP CR2E037 (10/03)

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4. FEI Number: 59-3754999
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DUNSON, LESLIE W
 400 EAGLE LAKE LOOP ROAD EAST
 WINTER HAVEN, FL 33884

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DUNSON, LESLIE W III
STREET ADDRESS	400 EAGLE LAKE LOOP ROAD EAST
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	D
NAME	DONLEY, TERRY W
STREET ADDRESS	6755 WINTERSET GARDENS RD
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	D
NAME	BATES, SANDRA J
STREET ADDRESS	6745 WINTERSET GARDENS RD
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/07/05-00058-018 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Leslie W. Dunson III 4/5/05 863-293-9888
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #