


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90153 040 \*\*\*\*61.25

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	
2. Principal Place of Business 9500 Waterford Oaks Blvd Suite, Apt. #, etc.		3. Mailing Address 6039 Cypress Gardens Blvd Suite, Apt. #, etc. PMB 524	
City & State Winter Haven FL		City & State Winter Haven FL	
Zip 33884		Country USA	
4. FEI Number 59-3754999		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		7. Name and Address of New Registered Agent Name Darcey Martin Street Address (P.O. Box Number is Not Acceptable) 9507 Waterford Oaks Blvd City Winter Haven FL Zip Code 33884	
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 <i>Darcey L Martin</i>		DATE 4-29-06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNSON, LESLIE W III 400 EAGLE LAKE LOOP ROAD EAST WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Darcey Martin 9507 Waterford Oaks Blvd Winter Haven FL 33884 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONLEY, TERRY W 6755 WINTerset GARDENS RD WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Lou DeLeo 9513 Waterford Oaks Blvd Winter Haven FL 33884 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATES, SANDRA J 6745 WINTerset GARDENS RD WINTER HAVEN, FL 33884 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Christie Vu 9516 Waterford Oaks Blvd Winter Haven FL 33884 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Jamie Odum 9486 Waterford Oaks Dr. Winter Haven FL 33884 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Darcey L Martin</i>		DATE 4-29-06 863875-1220	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DARCEY L MARTIN		Date Daytime Phone #	