

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007290

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: WATERFORD OAKS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

950 WATERFORD OAKS BLVD  
WINTER HAVEN, FL 33884

**New Principal Place of Business:**

9507 WATERFORD OAKS BLVD  
WINTER HAVEN, FL 33884

**Current Mailing Address:**

6039 CYPRESS GARDENS BLVD  
PMB 524  
WINTER HAVEN, FL 33884

**New Mailing Address:**

FEI Number: 59-3754999      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MARTIN, DARCEY  
9507 WATERFORD OAKS BLVD  
WINTER HAVEN, FL 33884      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: D      ( ) Delete  
Name: DUNSON, LESLIE W III  
Address: 400 EAGLE LAKE LOOP ROAD EAST  
City-St-Zip: WINTER HAVEN, FL 33884

Title: D      ( ) Delete  
Name: DONLEY, TERRY W  
Address: 6755 WINTERSET GARDENS RD  
City-St-Zip: WINTER HAVEN, FL 33884

Title: S      ( ) Delete  
Name: VU, CHRISTINE  
Address: 9516 WATERFORD OAKS BLVD  
City-St-Zip: WINTER HAVEN, FL 33884

Title: P      ( ) Delete  
Name: MARTIN, DARCEY  
Address: 9507 WATERFORD OAKS BLVD  
City-St-Zip: WINTER HAVEN, FL 33884

Title: VP      ( ) Delete  
Name: DELEO, LOU  
Address: 9513 WATERFORD OAKS BLVD  
City-St-Zip: WINTER HAVEN, FL 33884

Title: T      ( ) Delete  
Name: ODOM, JAMIE  
Address: 9486 WATERFORD OAKS BLVD  
City-St-Zip: WINTER HAVEN, FL 33884

**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:

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: JAMIE ODOM

TREA

04/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date