

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1/1

FILED
Feb 17, 2006 8:00 am
Secretary of State

01-17-2006 90274 033 ****50.00
 02-17-2006 90067 043 ****11.25

60017637



DOCUMENT # N05000008670					
1. Entity Name THE CREST AT WATERFORD LAKES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 701 CREST PINES DR ORLANDO, FL 32828			Mailing Address 701 CREST PINES DR ORLANDO, FL 32828		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent PODVIN; SCOTT L 701 CREST PINES DR ORLANDO, FL 32828				7. Name and Address of New Registered Agent Name <i>Law Offices of Scott L. Podvin, P.A.</i> Street Address (P.O. Box Number is Not Acceptable) <i>701 Crest Pines Drive</i> City <i>Orlando</i> FL Zip Code <i>32828</i>	
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>Scott L. Podvin</i>		DATE <i>1/7/06</i>	
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PODVIN, SCOTT L		NAME		
STREET ADDRESS	701 CREST PINES DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PODVIN, MEREDITH		NAME		
STREET ADDRESS	701 CREST PINES DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GALLINAR, MIKE		NAME		
STREET ADDRESS	1200 BRICKELL AVE SUITE 900		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>1/7/06</i>		407 737 4442	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	



ATTACHMENT

60017637

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2006

THE CREST AT WATERFORD LAKES CONDOMINIUM ASSOCIATION, I
701 CREST PINES DR
ORLANDO, FL 32828

Subject: **THE CREST AT WATERFORD LAKES CONDOMINIUM ASSOCIATION,**

Reference Number: **N05000008670**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$11.25.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION