

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19325

FILED
Jan 20, 2008
Secretary of State

Entity Name: THE WATERFORD WEST OF DUNEDIN HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

JOHN E LYTHGOE
1651 SPARKLING CT.
DUNEDIN, FL 34698 US

New Principal Place of Business:

Current Mailing Address:

JOHN E LYTHGOE
1651 SPARKLING CT.
DUNEDIN, FL 34698 US

New Mailing Address:

FEI Number: 59-3091887 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MACPHERSON, GILBERT P., P.A.
1822 DREW ST
CLEARWATER, FL 34624 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: T () Delete
Name: LYTHGOE, JOHN E
Address: 1651 SPARKLING CT
City-St-Zip: DUNEDIN, FL 34698

Title: SD () Delete
Name: SCHWARTZ, STEVE
Address: 1670 SPARKLING CT
City-St-Zip: DUNEDIN, FL 34698

Title: PD () Delete
Name: KRALL, STANLEY
Address: 1691 SPARKLING CT
City-St-Zip: DUNEDIN, FL 34698

Title: VPD () Delete
Name: LEICHTENSCHLAG, JAMES
Address: 1641 SPARKLING CT
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: MARKS, CRISTY
Address: 1600 SPARKLING CT.
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: GORDON, RICHARD
Address: 1610 SPARKLING CT.
City-St-Zip: DUNEDIN, FL 34698

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
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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: JOHN LYTHGOE

T

01/20/2008

Electronic Signature of Signing Officer or Director

_____ Date