


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

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90031 002 ****61.25

DOCUMENT # N26073					
1. Entity Name WATERFORD PLANTATION HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 6268 CRESTWOOD DR TALLAHASSEE, FL 32311 US			Mailing Address 6260 CRESTWOOD DR TALLAHASSEE, FL 32311 US		
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 BAUGH, KENNETH JR 6260 CRESTWOOD DR TALLAHASSEE, FL 32311				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	Zip Code
FL				FL	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	
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	CLARK, MIKE		NAME		
STREET ADDRESS	5003 CRESTWOOD CT		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32311		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHALAKO, PAUL		NAME		
STREET ADDRESS	6268 CRESTWOOD DR		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32311		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUGH, KENNETH JR.		NAME		
STREET ADDRESS	6260 CRESTWOOD DR		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32311		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, DONALD		NAME		
STREET ADDRESS	6278 LONGWOOD CT		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32311		CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRUYN, BOB		NAME		
STREET ADDRESS	6283 CRESTWOOD DR		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32311		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	John Cole	
STREET ADDRESS			STREET ADDRESS	6173 Trailwood Ct.	
CITY-ST-ZIP			CITY-ST-ZIP	Tallahassee FL 32311	
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>Kenneth Baugh Jr.</i>		Kenneth Baugh Jr.		3-12-06 850-488-4870	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	