


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90444 023 ****61.25

DOCUMENT # N31867

1. Entity Name
WATERFORD VILLAGE COMMUNITY ASSOCIATION, INC.



Principal Place of Business
C/O HAYDEN & ASSOCIATES
21301 S TAMiami TRAIL #320 PMB 335
ESTERO, FL 33928 US

Mailing Address
C/O HAYDEN & ASSOCIATES
21301 S TAMiami TRAIL #320 PMB 335
ESTERO, FL 33928 US

34065429



2. Principal Place of Business
 Si **Hayden & Assoc**
8359 Beacon Blvd, #213
 C **Ft Myers, FL 33907**
 Z

3.
Hayden & Assoc
21301 S Tamiami Tr. #320
PMB 335
Estero, FL 33928

01062004 Chg-NP CR2E037 (10/03)

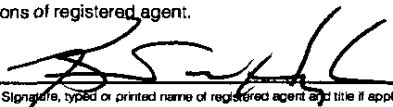
4. FEI Number
65-0115096 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HAYDEN, KEN
21301 S TAMiami TRAIL #320 PMB 335
ESTERO, FL 33928

7. Name and Address of New Registered Agent
 Name **Ken Hayden**
 Street Address **21301 S Tamiami Tr #320**
PMB 335
 City **Estero, FL 33928** FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State or foreign: I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **42204** DATE

Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. JESS, JACK 11456 WATERFORD VILLAGE CT FORT MYERS, FL 33913	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELACENSARIE, THOMAS 11421 WATERFORD VILLAGE DRIVE FORT MYERS, FL 33913	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. DELLA, JOE, D'Elia, Joe 2630 SHANNONDALE DR FT. MYERS, FL 33913	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, FRED 12646 SHANNONDALE DR FORT MYERS, FL 33913	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Pres. BENNETT, BILL 12592 SHANNONDALE DR FORT MYERS, FL 33913	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Marilyn Lowe 11380 Waterford Village Dr Fort Myers, FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres D'Elia, Joe Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. Margaret Neu 11402 Waterford Village Dr Ft Myers, FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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:  **4-22-04** Date **239-561-1158** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR