
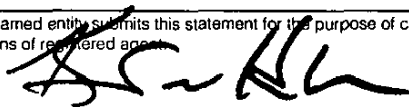
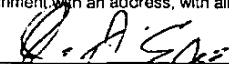


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90147 007 ****61.25

DOCUMENT # N31867			
1. Entity Name WATERFORD VILLAGE COMMUNITY ASSOCIATION, INC.			
Principal Place of Business C/O HAYDEN & ASSOCIATES 8359 BEACON BLVD #213 FORT MYERS, FL 33907 US		Mailing Address C/O HAYDEN & ASSOCIATES 8359 BEACON BLVD #213 FORT MYERS, FL 33907 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		7. Name and Address of New Registered Agent	
HAYDEN, KEN 21301 S TAMIAMI TR #320 PMB 335 ESTERO, FL 33928		Name Street Address (P.O. Box Number is Not Acceptable) City 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 of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE <u>4/11/05</u>	
Signature, 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, 2005		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			
TITLE	D	<input checked="" type="checkbox"/> Delete	
NAME	JESS, JACK		
STREET ADDRESS	11456 WATERFORD VILLAGE CT		
CITY-ST-ZIP	FORT MYERS, FL 33913		
TITLE	S	<input type="checkbox"/> Delete	
NAME	LOWE, MARILYN		
STREET ADDRESS	11380 WATERFORD VILLAGE DR		
CITY-ST-ZIP	FORT MYERS, FL 33913		
TITLE	P	<input type="checkbox"/> Delete	
NAME	D' ELIQ, JOE		
STREET ADDRESS	2630 SHANNONDALE DR		
CITY-ST-ZIP	FT. MYERS, FL 33913		
TITLE	T	<input type="checkbox"/> Delete	
NAME	NEU, MARGARET		
STREET ADDRESS	11402 WATERFORD VILLAGE DR		
CITY-ST-ZIP	FORT MYERS, FL 33913		
TITLE	VP	<input type="checkbox"/> Delete	
NAME	BENNETT, BILL		
STREET ADDRESS	12592 SHANNONDALE DR		
CITY-ST-ZIP	FORT MYERS, FL 33913		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LIMA, RICHARD		
STREET ADDRESS	11454 WATERFORD VILLAGE DR		
CITY-ST-ZIP	FORT MYERS FL 33913		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		Date <u>3-22-05</u> Daytime Phone # <u>239-489-4890</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	