


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

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90414 047 \*\*\*\*61.25

**DOCUMENT # N31867**

1. Entity Name  
**WATERFORD VILLAGE COMMUNITY ASSOCIATION, INC.**



Principal Place of Business  
**C/O CORNERSTONE ASSOCIATION MANAGEMENT, INC**  
**8359 BEACON BLVD #213**  
**FORT MYERS, FL 33907 US**

Mailing Address  
**C/O CORNERSTONE ASSOCIATION MANAGEMENT, INC**  
**8359 BEACON BLVD #213**  
**FORT MYERS, FL 33907 US**

**50012928**



2. Principal Place of Business  
**8359 Beacon Blvd**  
 Suite, Apt. #, etc.  
**suite # 417**

3. Mailing Address  
**8359 Beacon Blvd.**  
 Suite, Apt. #, etc.  
**suite # 417**

04052006 Chg-NP CR2E037 (11/05)

City & State  
**Fort Myers, FL**

City & State  
**Fort Myers, FL**

Zip  
**33907** Country

Zip  
**33907** Country

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  
**CORNERSTONE ASSOCIATION MANAGEMENT, INC.**  
**8359 BEACON BLVD., STE. 409**  
**FT. MYERS, FL 33907**

7. Name and Address of New Registered Agent  
 Name  
**CornerStone Association Management, Inc.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8359 Beacon Blvd.**  
**suite # 417**  
 City  
**Fort Myers** FL Zip Code  
**33907**

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 *Sherry Nassiraj* DATE **4/10/06**  
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, 2006**

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	D LIMA, RICHARD 11454 WATERFORD VILLAGE DR FORT MYERS, FL 33913	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOWE, MARILYN 11380 WATERFORD VILLAGE DR FORT MYERS, FL 33913	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D'ELIQ, JOE 2630 SHANNONDALE DR FT. MYERS, FL 33913	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEU, MARGARET 11402 WATERFORD VILLAGE DR FORT MYERS, FL 33913	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENNETT, BILL 12592 SHANNONDALE DR FORT MYERS, FL 33913	<input checked="" 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	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T Duregger, Frank 11386 Waterford Village Dr. Fort Myers, FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D'Elia, Joe	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T Ruth, Harold 11416 Waterford Village Dr. Fort Myers, FL 33913	<input 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 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 an other like empowered.

SIGNATURE: *[Signature]* DATE: **4-10-06** DAYTIME PHONE #: **239-425-2696**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR