


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90017 020 ****61.25

DOCUMENT # N31867
 1. Entity Name
WATERFORD VILLAGE COMMUNITY ASSOCIATION, INC.



Principal Place of Business
8359 BEACON BLVD
STE 417
FORT MYERS, FL 33907 US

Mailing Address
8359 BEACON BLVD
STE 417
FORT MYERS, FL 33907 US

40035957



2. Principal Place of Business - No P.O. Box #
Alliant Property Management, LLC
6719 Winkler Road, Suite 200
Fort Myers, FL 33919

3. Mailing Address
Alliant Property Management, LLC
6719 Winkler Road, Suite 200
Fort Myers, FL 33919

02282007 Chg-NP CR2E037 (12/06)

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 417
FT. MYERS, FL 33907

Registered Agent
Alliant Property Management, LLC (e)
6719 Winkler Road, Suite 200
Fort Myers, FL 33919

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 _____
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, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LIMA, RICHARD 11454 WATERFORD VILLAGE DR FORT MYERS, FL 33913 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DUREGGER, FRANK 11386 WATEFORD VILLAGE DR FORT MYERS, FL 33913 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D'ELIA, JOE 2630 SHANNONDALE DR FT. MYERS, FL 33913 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP Peggy Neu 11462 Waterford Village Dr. Fort Myers, FL 33919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RUTH, HAROLD 11416 WATERFORD VILLAGE DR FORT MYERS, FL 33913 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Joyce Schullis 11431 Waterford Village Dr Fort Myers, FL 33919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIM Brady 12596 Shannondale Dr Fort Myers, FL 33913 <input type="checkbox"/> Change <input checked="" 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 all other like empowered.

SIGNATURE: Margaret J. Neu (Peggy) Date: 3/5/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #