

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 11, 2005
Secretary of State**

DOCUMENT# N32101

Entity Name: WATERFORD POINTE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434 STE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434 STE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-2948987 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KRIBBS, WILLIAM R
Address: 12827 WATER POINTE BLVD
City-St-Zip: WINDERMERE, FL 347865815

Title: STD () Delete
Name: HURSH, JOSEPH B
Address: 1050 OAK POINT CIR
City-St-Zip: APOPKA, FL 32712

Title: VPD () Delete
Name: BIRKINBINE, CURT
Address: 12731 WATER POINTE BLVD
City-St-Zip: WINDERMERE, FL 347865815

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: HURSH, JOSEPH
Address: 1050 OAK POINT CIR
City-St-Zip: APOPKA, FL 32712

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R KRIBBS

PD

03/11/2005

Electronic Signature of Signing Officer or Director

_____ Date