


FILED
Mar 19, 2007 8:00 am
Secretary of State

DOCUMENT # N32101

1. Entity Name
**WATERFORD POINTE HOMEOWNERS' ASSOCIATION,
INC.**



Principal Place of Business	Mailing Address
5401 S. KIRKLAND ROAD .	5401 S. KIRKLAND ROAD .
STE 450	STE 450
ORLANDO, FL 32819	ORLANDO, FL 32819

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	
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COMMUNITY MANAGEMENT PROFESSIONALS INC 5401 SOUTH KIRKMAN ROAD STE 450 ORLANDO, FL 32819	Name
	Street Address

		City
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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinsulating)

DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	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
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10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
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TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADOLAN, BARRY		NAME	
STREET ADDRESS	12724 WATER POINT BLVD		STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE, FL 34786		CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOODMASTER, GENE		NAME		
STREET ADDRESS	12918 WATER POINT BLVD		STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE FL 32786		CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, ALLYSON		NAME	
STREET ADDRESS	13061 WATER POINT BLVD		STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE, FL 34786		CITY-ST-ZIP	

TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITE, JACK		NAME		
STREET ADDRESS	12712 WATER POINT BLVD		STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE, FL 34786		CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARTMAN, GERRY		NAME		
STREET ADDRESS	2107 WATER KEY DR		STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE, FL 34786		CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

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