

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90084 039 \*\*\*\*61.25

<b>DOCUMENT # N32101</b> 1. Entity Name <b>WATERFORD POINTE HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>5401 S. KIRKLAND ROAD . STE 450 ORLANDO, FL 32819</b>			Mailing Address <b>5401 S. KIRKLAND ROAD . STE 450 ORLANDO, FL 32819</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		01082008    Chg-NP    CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-2948987</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>COMMUNITY MANAGEMENT PROFESSIONALS INC 5401 SOUTH KIRKMAN ROAD STE 450 ORLANDO, FL 32819</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RADOLAN, BARRY 12724 WATER POINT BLVD WINDERMERE, FL 34786	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Wright, MELVIN 2061 ROBERTS Point DR. WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODMASTER, GENE 12918 WATER POINT BLVD WINDERMERE, FL 32786	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GOODMASTER, GENE 12918 WATER POINT BLVD WINDERMERE, FL 32786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRIEDMAN, ALLYSON 13061 WATER POINT BLVD WINDERMERE, FL 34786	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GODLEWSKI, GREGG 13038 WATER POINT BLVD. WINDERMERE, FL 32786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHITE, JACK 12712 WATER POINT BLVD WINDERMERE, FL 34786	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTMAN, GERRY 2107 WATER KEY DR WINDERMERE, FL 34786	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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.					
<b>SIGNATURE:</b> <u>BARRY RADOLAN</u> <b>BARRY RADOLAN</b>				1-10-08    407-826-1652	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date    Daytime Phone #</small>	