


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90027 026 \*\*\*\*61.25

**DOCUMENT # N46986**

1. Entity Name  
**WATERFORD PARK OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**4400 N W 36TH AVE**  
**GAINESVILLE, FL 32606 US**

Mailing Address  
**4400 N W 36TH AVE**  
**GAINESVILLE, FL 32606 US**

40077004



2. Principal Place of Business - No P.O. Box #  
**500 NW 43rd St**

3. Mailing Address  
**500 NW 43rd Street**

Suite, Apt. #, etc.  
**Suite 3**

Suite, Apt. #, etc.  
**Suite 3**

City & State  
**Gainesville FL**

City & State  
**Gainesville FL**

Zip  
**32607**

Country  
**USA**

Zip  
**32607**

Country  
**USA**

01082008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3110007**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MANAGEMENT SPECIALISTS**  
**4400 NW 36TH AVENUE**  
**GAINESVILLE, FL 32606**

7. Name and Address of New Registered Agent

Name  
**Cornerstone Property Solutions of N. Central FL**

Street Address (P.O. Box Number is not acceptable)  
**500 NW 43rd Street**

**Suite 3**

City  
**Gainesville**

FL

Zip Code  
**32607**

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 *E. Hauffer* Pres Eugene Hauffer 4-22-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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	P	<input type="checkbox"/> Delete
NAME	WITT, DR. WILLIAM	
STREET ADDRESS	5622 NW 43RD ST.	
CITY-ST-ZIP	GAINESVILLE, FL 32653	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BOSSHARDT, AARON	
STREET ADDRESS	5542 NW 43RD ST	
CITY-ST-ZIP	GAINESVILLE, FL 32653	
TITLE	DSVP	<input type="checkbox"/> Delete
NAME	CARPENTER, RON	
STREET ADDRESS	5608 NW 43RD ST	
CITY-ST-ZIP	GAINESVILLE, FL 32653	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an officer or trustee empowered.

**SIGNATURE:** *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #