

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 27, 2009
Secretary of State**

DOCUMENT# N46986

Entity Name: WATERFORD PARK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

500 NW 43RD ST.
SUITE 3
GAINESVILLE, FL 32607 US

New Principal Place of Business:

Current Mailing Address:

500 NW 43RD ST.
SUITE 3
GAINESVILLE, FL 32607 US

New Mailing Address:

FEI Number: 59-3110007 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNERSTONE PROP. SOLUT. OF N. CENT. FL.
500 NW 43RD STREET
SUITE 3
GAINESVILLE, FL 32607 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: P () Delete
Name: WITT, DR. WILLIAM
Address: 5622 NW 43RD ST.
City-St-Zip: GAINESVILLE, FL 32653

Title: DT () Delete
Name: BOSSHARDT, AARON
Address: 5542 NW 43RD ST
City-St-Zip: GAINESVILLE, FL 32653

Title: DSVP () Delete
Name: CARPENTER, RON
Address: 5608 NW 43RD ST
City-St-Zip: GAINESVILLE, FL 32653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DR. WILLIAM WITT

P

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date