


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

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90028 021 \*\*\*\*61.25

**DOCUMENT # N50299**

1. Entity Name  
**WATERFORD LANDING MAINTENANCE ASSOCIATION, INC.**



Principal Place of Business  
 11784 W SAMPLE RD  
 CORAL SPRINGS, FL 33065 US

Mailing Address  
 11784 W SAMPLE RD  
 CORAL SPRINGS, FL 33065 US

**60024456**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04032008 Chg-NP CR2E037 (12/06)

4. FEI Number  
 65-0357242 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**UNITED COMMUNITY MGMT CORP**  
 11784 W SAMPLE RD  
 CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAMPOS, ANTHONY 2000 WATER RIDGE DR WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAMPOS, ANTHONY <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREENOUGH, DAVID 1856 WATER RIDGE RD FT. LAUDERDALE, FL 33326 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Gara, Nancy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1982 South Landingway Weston, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOWES, GRANT 1871 WATER RIDGE COURT WESTON, FL 33326 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bell, Gary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1816 Water Ridge Drive Weston, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOCH, DAVID 1824 WATER RIDGE RD WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVID HOCH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1824 WATER RIDGE RD WESTON FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMANOS, TED 1843 WATER RIDGE DR WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR