


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90034 027 ****61.25

DOCUMENT # N93000005694 1. Entity Name WATERFORD PLACE HOMEOWNERS ASSOCIATION, INC.	
---	---

Principal Place of Business 6939 N WICKHAM RD MELBOURNE FL 32940 US	Mailing Address 6939 N WICKHAM RD MELBOURNE FL 32940 US
---	---



1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State Zip Country	City & State Zip Country	4. FEI Number 59-3216426	Applied For <input type="checkbox"/> Not Applicable
--------------------------------------	--------------------------------------	------------------------------------	--

6. Name and Address of Current Registered Agent STEWART, FRANCES M 6939 N WICKHAM RD MELBOURNE FL 32901	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	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
--	---	--

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PD ANGELL, EDGAR	<input type="checkbox"/>
NAME	935 FOSTORIA DRIVE	
STREET ADDRESS	MELBOURNE FL 32940	
CITY-ST-ZIP		
TITLE	TD ROGAN, ROBERT	<input checked="" type="checkbox"/>
NAME	1024 LENNOX WAY	
STREET ADDRESS	MELBOURNE FL 32940	
CITY-ST-ZIP		
TITLE	D FITZGERALD, SUSAN	<input type="checkbox"/>
NAME	900 FOSTORIA DR	
STREET ADDRESS	MELBOURNE FL 32940	
CITY-ST-ZIP		
TITLE	SD CATALINES, CHRISTINE	<input type="checkbox"/>
NAME	924 FOSTORIA DR	
STREET ADDRESS	MELBOURNE FL 32940	
CITY-ST-ZIP		
TITLE	VD CONROY, EDWARD	<input type="checkbox"/>
NAME	904 FOSTORIA DRIVE	
STREET ADDRESS	MELBOURNE FL 32940	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	TO SUSAN M. FITZGERALD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	900 FOSTORIA DR.		
STREET ADDRESS	MELBOURNE, FL 32940		
CITY-ST-ZIP			
TITLE	A THOMAS R. WALES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	1010 ARIEL WAY		
STREET ADDRESS	MELBOURNE, FL 32940		
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 Section 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: Susan M. Fitzgerald **SUSAN M. FITZGERALD** 3/11/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TREASURER Date Daytime Phone #