

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


03-26-2007 90068 015 \*\*\*\*61.25

N94000001381

2007 MAR 27 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4004146Z

<b>DOCUMENT # N94000001381</b>					
1. Entity Name <b>WATERFORD-CAVENDISH COURT, INC.</b>					
Principal Place of Business 13500 WORTHINGTON WAY BONITA SPRINGS, FL 34135 US			Mailing Address 13550 WORTHINGTON WAY BONITA SPRINGS, FL 34135 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01032007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0500429	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WEST, MARK 13500 WORTHINGTON WAY WORTHINGTON COUNTRY CLUB BONITA SPRINGS, FL 34135			Name <u>Paul Mankowsky</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>13500 Worthington Way</u>		
			City <u>Bonita Springs</u> FL Zip Code <u>34135</u>		
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 <u>Paul Mankowsky General Manager/COO.</u> DATE <u>2-28-07</u>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	DVT SWINFORD, ALAN 28060 CAVENDISH COURT #2505 BONITA SPRINGS, FL 34135 <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	DP BARRY, FRANK 28064 CAVENDISH COURT #2512 BONITA SPRINGS, FL 34135 <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	MAL KINDLER, JACK 28076 CAVENDISH CT. 32104 BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAL Trimarchi, Joe 28080 Cavendish Ct. #2005 Bonita Springs, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CHARPENTIER, KATHLEEN 28080 CAVENDISH CT. #207 BONITA SPRINGS, FL 34135 <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	MAL WAKIM, PATRICIA 28076 CAVENDISH COURT #2101 BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAL Marianella, Roberta 28060 Cavendish Ct. #2502 Bonita Springs, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>B4/B/07</u> <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: <u>Frank Barry</u> DATE <u>3/1/07</u> DAYTIME PHONE # <u>947-6034</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR					