

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90058 006 ****61.25

DOCUMENT # N94000005732

1. Entity Name

**WATERFORD POINTE HOMEOWNERS ASSOCIATION OF
BREVARD, INC.**



Principal Place of Business

**C/O ROBERT THOMSON
1016 BARCLAY CT
MELBOURNE FL 32940
US**

Mailing Address

**6939 N. WICKHAM RD
MELBOURNE FL 32940
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3289665

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEWART, FRANCIS
6939 N. WICKHAM RD
MELBOURNE FL 32940**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

**D
CROWLEY, CHARLES B
979 WIMBLEDON DR
MELBOURNE FL 32940**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VPD
IRWIN, VIRGINIA
1028 WIMBLEDON DR.
MELBOURNE, FL. 32940**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VPD
LONGLEY, SAMUEL
1012 WIMBLEDON DR.
MELBOURNE FL 32940**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
THOMPSON, ROBERT
1016 BARCLAY DR
MELBOURNE FL 32940**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VPD
THOMPSON, ROBERT
1016 BARCLAY CT
MELBOURNE FL. 32940**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**SD
MANGOLD, EDWARD
912 WIMBLEDON DR.
MELBOURNE FL 32940**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**TD
HERON, GERALD
1032 WIMBLEDON DR.
MELBOURNE FL 32940**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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: *Gerald Heron* **GERALD HERON**

1-27-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #