


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90144 049 \*\*\*150.00

**DOCUMENT # N98000001367**

1. Entity Name  
 WATERFORD PLACE OWNERS ASSOCIATION, INC.



Principal Place of Business  
 1001 EAST ATLANTIC AVE., STE 202  
 DELRAY BEACH, FL 33483

Mailing Address  
 1001 EAST ATLANTIC AVE., STE 202  
 SUITE C-4  
 DELRAY BEACH, FL 33483

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

3. Mailing Address  
 1000 Market Street  
 Suite 300

City & State  
 Portsmouth, NH

Zip  
 03801

Country  
 US

40046076



01082007 Chg-NP CR2E037 (12/06)

4. FEI Number  
 65-1091970

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	
CRITCHFIELD, RICHARD H 1100 LINTON BLVD. SUITE C-4 DELRAY BEACH, FL 33444		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, 2007**

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	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALSH, MARK			NAME			
STREET ADDRESS	1001 EAST ATLANTIC AVE., STE 202			STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33483			CITY-ST-ZIP			
TITLE	VSTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALSH, MICHAEL			NAME			
STREET ADDRESS	1001 EAST ATLANTIC AVE., STE 202			STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33483			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCMURRAIN, THOMAS T			NAME			
STREET ADDRESS	1001 EAST ATLANTIC AVE., STE 202			STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33483			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALSH, WILLIAM			NAME			
STREET ADDRESS	1000 MARKET STREET, STE 300			STREET ADDRESS			
CITY-ST-ZIP	PORTSMOUTH, NH 03801			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: William Walsh Date: 1/26/07 Daytime Phone #: (603)559-2100

William Walsh, Director