

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001367

FILED  
Feb 05, 2009  
Secretary of State

Entity Name: WATERFORD PLACE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1001 EAST ATLANTIC AVE., STE 202  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

1000 MARKET STREET  
SUITE 300  
PORTSMOUTH, NH 03801

**New Mailing Address:**

FEI Number: 65-1091970      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WALSH, MARK  
Address: 1001 EAST ATLANTIC AVE., STE 202  
City-St-Zip: DELRAY BEACH, FL 33483

Title: VSTD ( ) Delete  
Name: WALSH, MICHAEL  
Address: 1001 EAST ATLANTIC AVE., STE 202  
City-St-Zip: DELRAY BEACH, FL 33483

Title: VD ( ) Delete  
Name: MCMURRAIN, THOMAS T  
Address: 1001 EAST ATLANTIC AVE., STE 202  
City-St-Zip: DELRAY BEACH, FL 33483

Title: D ( ) Delete  
Name: WALSH, WILLIAM  
Address: 1000 MARKET STREET, STE 300  
City-St-Zip: PORTSMOUTH, NH 03801

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM WALSH

D

02/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date