

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004400

**FILED**  
**Jun 21, 2010**  
**Secretary of State**

**Entity Name:** WATERFORD PLACE OF PENSACOLA HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

9835 KNOLLVIEW DR  
PENSACOLA, FL 32514

**New Principal Place of Business:**

10193 CREST RIDGE DRIVE  
PENSACOLA, FL 32514

**Current Mailing Address:**

P.O. BOX 7089  
PENSACOLA, FL 32534

**New Mailing Address:**

FEI Number: 59-3632607

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOHNSSON, LYNDA  
9835 KNOLLVIEW DR  
PENSACOLA, FL 32514 US

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

LEARY, DUANE W MR  
10193 CREST RIDGE DRIVE  
PENSACOLA, FL 32514 US

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: DUANE W LEARY

06/21/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S  
Name: LUPINACCI, LYNDA MS  
Address: 9835 KNOLLVIEW DR  
City-St-Zip: PENSACOLA, FL 32514

Title: T  
Name: LEARY, DUANE W MR  
Address: 10193 CREST RIDGE DRIVE  
City-St-Zip: PENSACOLA, FL 32514

Title: VD  
Name: MEYER, TERRY MRT  
Address: 9810 KNOLLVIEW DR  
City-St-Zip: PENSACOLA, FL 32514

Title: D  
Name: HARVEY, JASON  
Address: 10126 CREST RIDGE DRIVE  
City-St-Zip: PENSACOLA, FL 32514

I hereby 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 all other like empowered.

SIGNATURE: DUANE W LEARY

T

06/21/2010

Electronic Signature of Signing Officer or Director

Date