2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State
02-01-2005 90023 048 ****61.25

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1. Entity Name
WATERFORDE AT HUNTER'S GREEN NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10416 VILLA VIEW CIRCLE TAMPA, FL 33647-2598 US	PO BOX 48855 TAMPA, FL 33647-0124 US

01282005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
2923 Big Cypress Way	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Wesley Chapel, FL	
City & State	City & State
Zip 33543-8762 Country US	Zip Country

4. FEI Number 59-3349563 ☐ 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
GAVETTE, PAMELA A 10416 VILLA VIEW CIRCLE TAMPA, FL 33647-2598	Name: Gavette, Pamela A. Street Address (P.O. Box Number is Not Acceptable): 2923 Big Cypress Way City: Wesley Chapel, FL Zip Code: 33543-8762

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: Pamela Gavette 01-28-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing 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	PD TOMLINSON, THOMAS 9312 HUNTINGTON PARKWAY TAMPA, FL 33647	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD NUNEZ, MARIA 18118 ASHTON PARKWAY TAMPA, FL 33647	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JENSEN, PATRICIA 9301 HUNTERS PARK WAY TAMPA, FL 33647	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: 1/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #