2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

FILED May 14, 2007 8:00 am Secretary of State

DOCUMENT # N03000000150 02-19-2007 90051 045 ****61.25 05-14-2007 90078 012 ****61.25 WATERFORD COMMUNITY ASSOCIATION, INC. Principal Place of Business Mailing Address 955 BYRON PL 955 BYRON PL SARASOTA, FL 34243 SARASOTA, FL 34243 Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. uite, Apt. #, etc 04252007 CR2E037 (12/06) Applied For 4. FEI Number 20-0364674 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent Name and Address of New Registered Agent FLAGSHIP PROPERTIES-JERRY R. CRAVEY 955 BYRON PL SARASOTA, FL 34243 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 the obligations of registered agent. SIGNATURE STANKE Ignature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete TITLE TITLE ☐ Change Addition BLANDON DANIOLS NAME GORMAN, JOHN NAME STREET ADDRESS 5116 LAKEHURST CT STREET ADDRESS Palmetto CITY-ST-ZIP PALMETTO, FL 34221 CITY-ST-ZIP VΡ Delete TITLE ☐ Change Addition MARDEN, DAVID NAME NAME 9 LAKERURET CT STREET ADDRESS 5044 LAKEHURST CT STREET ADDRESS CITY-ST-71P PALMETTO, FL 34221 CITY-ST-ZIP me to TITLE Delete Addition ☐ Change TITLE VOGT, JAMES NAME 5141 LANSDOWNE WY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALMETTO, FL 34221 CITY-ST-ZIP Delete Addition TITLE TITLE ☐ Change ZOOK, BONITA NAME NAME STREET ADDRESS 5040 LAKEHURST CT STREET ADDRESS CITY-ST-ZIP PALMETTO, FL 34221 CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE MAY, ROY NAME NAME STREET ADDRESS 5418 LANSDOWNE WY STREET ADDRESS CITY-ST-ZIP PALMETTO, FL 34221 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not quality 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 accuse 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 of the corporation or the receiver of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corpo indicated on this report or supplement of the corporation or the receiver or changed, or on an attachment with

SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #