

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000804

FILED
Apr 30, 2008
Secretary of State

Entity Name: WATERFORD TRAILS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

8009 S. ORANGE AVENUE
ORLANDO, FL 32809

New Principal Place of Business:

5955 T.G. LEE BLVD.
SUITE 300
ORLANDO, FL 32822

Current Mailing Address:

8009 S. ORANGE AVENUE
ORLANDO, FL 32809

New Mailing Address:

5955 T. G. LEE BLVD.
SUITE 300
ORLANDO, FL 32822

FEI Number: 20-1554858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LELAND MANAGEMENT, INC.
8009 S. ORANGE AVENUE
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT, INC.
5955 T.G. LEE BLVD.
SUITE 300
ORLANDO, FL 32822 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: REBECCA FURLOW

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BONTRAGER, THOMAS
Address: 2301 LUCIEN DRIVE SUITE 400
City-St-Zip: MAITLAND, FL 32751

Title: DV () Delete
Name: SHEELER, LAWRENCE M
Address: 2301 LUCIEN DRIVE SUITE 400
City-St-Zip: MAITLAND, FL 32751

Title: DST () Delete
Name: RIGGS, DEBBIE
Address: 2301 LUCIEN DRIVE SUITE 400
City-St-Zip: MAITLAND, FL 32751

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BOYD, ANDRE
Address: 15454 PERDIDO DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: DV (X) Change () Addition
Name: OUTING, DAVID L
Address: 15622 PERDIDO DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: DT (X) Change () Addition
Name: FOX, BRADFORD S
Address: 15209 GALBI DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: DS () Change (X) Addition
Name: VANEGAS, MARIA
Address: 15114 PERDIDO DRIVE
City-St-Zip: ORLANDO, FL 32828

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: ANDRE BOYD

DP

04/30/2008

Electronic Signature of Signing Officer or Director

Date