


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90094 031 \*\*\*\*61.25

<b>DOCUMENT # 739247</b> 1. Entity Name <b>WATERFORD CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O PRIME MGMT GROUP 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 US</b>			Mailing Address <b>C/O PRIME MGMT GROUP 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1756738</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>Dicker, Krivok &amp; Stoloff, P.A. 1818 Australian Avenue South Suite 400 West Palm Beach, FL 33409</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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 <u><i>Dicker Krivok &amp; Stoloff</i></u> <u><i>Dicker Krivok &amp; Stoloff 4/15/08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SMALL, HERBERT</b>		NAME		
STREET ADDRESS	<b>157 WATERFORD G</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DELRAY BCH, FL 33446</b>		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>BREZNER, GERALD</b>		NAME	<b>Frank Cerio</b>	
STREET ADDRESS	<b>601 WATERFORD C</b>		STREET ADDRESS	<b>123 Waterford E</b>	
CITY-ST-ZIP	<b>DELRAY BEACH, FL 33446</b>		CITY-ST-ZIP	<b>VP</b>	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>COHEN, SYLVIA</b>		NAME	<b>Joseph Lopin</b>	
STREET ADDRESS	<b>16 WATERFORD A</b>		STREET ADDRESS	<b>116 Waterford E</b>	
CITY-ST-ZIP	<b>DELRAY BCH, FL 33446</b>		CITY-ST-ZIP	<b>Delray Bch FL 33446</b>	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>MAKARON, SIDNEY</b>		NAME	<b>charlotte weizenecker</b>	
STREET ADDRESS	<b>145 WATERFORD G</b>		STREET ADDRESS	<b>187 Waterford H</b>	
CITY-ST-ZIP	<b>DELRAY BCH, FL 33446</b>		CITY-ST-ZIP	<b># 2nd VP</b>	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>RATHBERG, WARREN</b>		NAME	<b>stanley Eisenberg</b>	
STREET ADDRESS	<b>9 WATERFORD</b>		STREET ADDRESS	<b>15 Waterford A</b>	
CITY-ST-ZIP	<b>DELRAY BEACH, FL 33446</b>		CITY-ST-ZIP	<b>secy</b>	
TITLE	<del>VP</del> Pres	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LOPIN, JOE</b>		NAME	<b>Ray Marshall</b>	
STREET ADDRESS	<b>116 WATERFORD E</b>		STREET ADDRESS	<b>173 Waterford H</b>	
CITY-ST-ZIP	<b>DELRAY BEACH, FL 33446</b>		CITY-ST-ZIP	<b>3rd VP</b>	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>[Signature]</i></u> <u><i>4/19/08</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					