


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90034 025 ****61.25

DOCUMENT # 758840 1. Entity Name WATERFORD HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business BARBARA CONREY 2440 S.W. 12TH STREET DEERFIELD BEACH, FL 33442			Mailing Address BARBARA CONREY 2440 S.W. 12TH STREET DEERFIELD BEACH, FL 33442		
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	01152008 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0140780				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONREY, BARBARA B 2440 S.W. 12TH STREET DEERFIELD BEACH, FL 33442			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CONREY, BARBARA TREAS.		NAME	AL SANTANA, DIR.	
STREET ADDRESS	2440 SW 12TH ST.		STREET ADDRESS	2635 S.W. 12 ST.	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	DEERFIELD BCH, FL. 33442	
TITLE	VD <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GOLDSTEIN, NICOLE PRES		NAME	RICHARD MOHLER, DIR	
STREET ADDRESS	1064 S.W. 24TH TERRACE		STREET ADDRESS	1471 S.W 25 AVE	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	DEERFIELD BCH, FL 33442	
TITLE	SD <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	VENCL, LOU VP		NAME	WILLIAM MEI, DIR	
STREET ADDRESS	2431 S.W. 10TH DRIVE		STREET ADDRESS	1357 S.W 27 AVE	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	DEERFIELD BCH, FL. 33442	
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BOGNER, DENISE SECR.		NAME	LAUREN BERNARD, DIR.	
STREET ADDRESS	1157 S.W. 26TH AVENUE		STREET ADDRESS	2791 S.W 10 DR.	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	DEERFIELD BCH, FL. 33442	
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GOLDSTEIN, JESS DIR.		NAME	JOAN MAURICE, DIR.	
STREET ADDRESS	1064 S.W. 24TH TERRACE		STREET ADDRESS	1227 S.W 25 AVE	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	DEERFIELD BCH, FL. 33442	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CRUZ, ANITA DIR		NAME	PENNY FRATELLA DIR.	
STREET ADDRESS	1402 S.W. 25TH AVENUE		STREET ADDRESS	2496 SW 12 CT	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	DEERFIELD BCH, FL. 33442	
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: <i>Barbara Conrey, Treas.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/17/08 <small>Date</small>		954-520-6401 <small>Daytime Phone #</small>

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