

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 767932

1. Entity Name
THE WATERFORD CONDOMINIUM ASSOCIATION OF TAMPA, INC.



Principal Place of Business 3239 HENDERSON BLVD TAMPA, FL 33609	Mailing Address 3239 HENDERSON BLVD TAMPA, FL 33609
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01172007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2343479	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

URETTE, MICHAEL E.
 3239 HENDERSON BLVD
 TAMPA, FL 33609

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD URETTE, MICHAEL E. 3239 HENDERSON BLVD TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD URETTE, KAREN G. 3239 HENDERSON BLVD TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP URETTE, GARRISON B 3239 HENDERSON BLVD. TAMPA, FL
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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: Michael E. Urette Michael Urette 2/8/07 ⁸¹³ 876-7715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #