

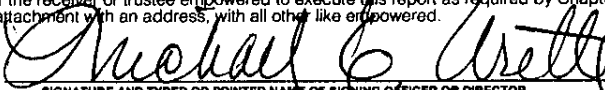


FILED
Mar 17, 2008 08:00 A
Secretary of State

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	
DO NOT WRITE IN THIS SPACE			
		02142008 No Chg-NP CR2E037 (4/06)	
		4. FEI Number 59-2343479 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 URETTE, MICHAEL E. 3239 HENDERSON BLVD TAMPA, FL 33609		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</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	
10. OFFICERS AND DIRECTORS		<div>UD00000961210 04/02/09-80093-014 61.25</div> DO NOT WRITE IN THIS SPACE	
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		3/13/08 413.876.7838	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	