2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M77204 1. Entity Name WATERFORD ESTATES PROPERTY OWNERS ASSOCIATION, INC.

FILED Jan 17, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

4675 WATERFORD CT NE

4675 WATERFORD CT NE ST PETERSBURG, FL 337

ST. PETERSBURG, FL 33703 US ST. PETERSBURG, FL 33703			
DO NOT WRITE IN THIS SPA	01082008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applied For Not Applied Status Desired \$8.75 Additional		
6. Name and Address of Current Registered Agent	Fee Required		
BARBEL; RICHARD C 4675 WATERFORD CT.NE ST. PETERSBURG, FL 33703	DO NOT WRITE IN THIS SPACE		
The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent. SIGNATURE Signature, typed or proted name of registered agent and title if applicable. (NOTE: Registered.)	d office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
FILE NOWILI FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS ITILE NAME BARBEL, RICHARD C 4675 WATERFORD COURT NE SAINT PETERSBURG, FL 33703 ITILE NAME STREET ADDRESS CITY-S1-ZIP	U00000787336 01/17/08-80076-025 150.00		
TITLE NAME STRET ADDRESS CITY-ST-ZIP TITLE NAME STRET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE		
ITITLE WAME STREET ADDRESS CITY-S1-ZIP ITLE MAME LIREET ADDRESS CITY-S1-ZIP 2. I hereby certify that the information supplied with this filling does not qualify for the exemption of the content			

indicated on this report or supplemental report is true and accurate and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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 inflowered.

CI	I A	TI	ID	E.

BIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANIH ZOOS

727) 526-7103

Daytime Phone