


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90143 045 \*\*\*\*61.25

**DOCUMENT # N00000007803**

1. Entity Name  
 WATERFORD LAKES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
 3840 CROWN POINT ROAD  
 SUITE A  
 JACKSONVILLE, FL 32257

Mailing Address  
 3840 CROWN POINT ROAD  
 SUITE A  
 JACKSONVILLE, FL 32257

**40052156**



2. Principal Place of Business  
**920 Third Street**

3. Mailing Address  
**920 Third Street**

Suite, Apt. #, etc.  
**Suite B**

Suite, Apt. #, etc.  
**Suite B**

03162005 Chg-NP CR2E037 (10/03)

City & State  
**Neptune Beach, FL**

City & State  
**Neptune Beach, FL**

4. FEI Number  
**59-3697247**

Applied For  
 Not Applicable

Zip Country  
**32266**

Zip Country  
**32266**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALLACE, L. DENISE**  
**920 SOUTH THRID STREET STE B**  
**NEPTUNE BEACH, FL 32266**

Name  
**Wallace, L. Denise**

Street Address (P.O. Box Number is Not Acceptable)  
**920 Third Street**

Suite B

City  
**Neptune Beach, FL** Zip Code  
**32266**

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 **3/29/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$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  
**DP**  Delete

NAME  
**KNOWLES, MARK A**

STREET ADDRESS  
**3840 CROWN POINT ROAD STE A**

CITY-ST-ZIP  
**JACKSONVILLE, FL 32257**

TITLE  
**STD**  Change  Addition

NAME  
**Hart, Curtis L.**

STREET ADDRESS  
**3840 Crown Point Rd., Ste A**

CITY-ST-ZIP  
**Jacksonville, FL 32257**

TITLE  
**DV**  Delete

NAME  
**HOLLAND, BEVERLY J**

STREET ADDRESS  
**3840 CROWN POINT ROAD STE A**

CITY-ST-ZIP  
**JACKSONVILLE, FL 32257**

TITLE  
 NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
**DST**  Delete

NAME  
**WALLACE, L. DENISE**

STREET ADDRESS  
**920 SOUTH THRID STREET STE B**

CITY-ST-ZIP  
**NEPTUNE BEACH, FL 32266**

TITLE  
 NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
 NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
 NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
 NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
 NAME

STREET ADDRESS

CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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:  DATE **3/31/05** (904) 268-8100

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