


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90188 010 ****61.25

DOCUMENT # N00000007803					
1. Entity Name WATERFORD LAKES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 920 THIRD STREET SUITE B NEPTUNE BEACH, FL 32266 US		Mailing Address 920 THIRD STREET SUITE B NEPTUNE BEACH, FL 32266 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-3697247	
				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			7. Name and Address of New Registered Agent		
WALLACE, L. DENISE 920 THIRD STREET SUITE B NEPTUNE BEACH, FL 32266			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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, 2007		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	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, PETER A		NAME		
STREET ADDRESS	1304 SUTTON ISLAND DR		STREET ADDRESS		
CITY-ST-ZIP	DELAND, FL 32724		CITY-ST-ZIP		
TITLE	1VP	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMASON, SEAN		NAME	Thomason, Sean	
STREET ADDRESS	905 N LAKE LINDLEY DR		STREET ADDRESS	905 N. Lake Lindley Drive	
CITY-ST-ZIP	DELAND, FL 32724		CITY-ST-ZIP	Deland, FL 32724	
TITLE	2VP	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRAUSE, DONALD		NAME	Moore, Ben	
STREET ADDRESS	1304 ISLAND COVE DR		STREET ADDRESS	908 Lake Lindley Drive S.	
CITY-ST-ZIP	DELAND, FL 32724		CITY-ST-ZIP	Deland, FL 32724	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, BILLY E		NAME	McGraw, Monika	
STREET ADDRESS	1305 SUTTON ISLAND DR		STREET ADDRESS	1408 Cottage Hill Drive	
CITY-ST-ZIP	DELAND, FL 32724		CITY-ST-ZIP	Deland, FL 32724	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUTTY, JESSICA		NAME	Nompleggi, Eric	
STREET ADDRESS	1306 SUTTON ISLAND DR		STREET ADDRESS	924 Lake Lindley Drive S.	
CITY-ST-ZIP	DELAND, FL 32724		CITY-ST-ZIP	Deland, FL 32724	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Sean Thomason</i>		Sean Thomason		4-19-07 386-738-7661	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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