


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90041 047 ****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 #
1034 Ridgewood Ave

3. Mailing Address
1034 Ridgewood Ave

Suite, Apt. #, etc.
Suite 1

Suite, Apt. #, etc.
STE 1

City & State
Holly Hill, FL


City & State
Holly Hill, Florida

Zip
32117

Country
VOLUSIA

Zip
32117

Country
VOLUSIA



01172008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3697247

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WALLACE, L. DENISE
 920 THIRD STREET
 SUITE B
 NEPTUNE BEACH, FL 32266**

7. Name and Address of New Registered Agent

Name
CHRIS CONNORS

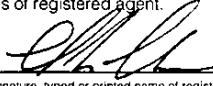
Street Address (P.O. Box Number is Not Acceptable)
1034 RIDGEWOOD AVE STE 1

City
HOLLY HILL

FL

Zip Code
32117

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  **CHRIS CONNORS** *cam* **1-21-2008**

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


Filing Fee is **\$61.25** Due by **May 1, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD THOMASON, SEAN 905 N LAKE LINDLEY DR DELAND, FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP BEN MOORE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 909 LAKE LINDLEY DR DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOORE, BEN 908 LAKE LINDLEY DRIVE S. DELAND, FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEAN THOMASON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 905 N LAKE LINDLEY DR DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCGRAW, MONIKA 1408 COTTAGE HILL DRIVE DELAND, FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NOPLEGGI, ERIC 924 LAKE LINDLEY DRIVE S. DELAND, FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAURA RIPPLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 918 LAKE LINDLEY DR N DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Benjamin Moore** **1/17/07** **386-736-0995**

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