


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000007951
 1. Entity Name
WATERFORD LAKES COMMERCIAL FACILITIES OWNERS' ASSOCIATION, INC.



Principal Place of Business
**PAC LAND DEVELOPMENT
 730 BONNIE BRAE ST
 WINTER PARK, FL 32789**

Mailing Address
**730 BONNIE BRAE ST
 WINTER PARK, FL 32789**

DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3711977	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

**CAVNAUGH, THOMAS L
 730 BONNIE BRAE ST
 WINTER PARK, FL 32789**

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 _____ DATE _____
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, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BOURES, JAMES 2591 COMPASS RD #105 GLENVIEW, IL 60025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLETA, JASON 407 WEKIVA SPRINGS RD, # 205 LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COOK, YVONNE 413 N ALAFAYA TRAIL ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/22/07-80017-001 61.25

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: THOMAS L. CAVNAUGH 1-8-07 407-628-3065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #