

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000007951

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** WATERFORD LAKES COMMERCIAL FACILITIES OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

WATERFORD LAKES CFO  
498 PALM SPRINGS DR #235  
ALTMAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

WATERFORD LAKES CFO  
WATERFORD LAKES BLVD  
ORLANDO, FL 32809

**Current Mailing Address:**

498 PALM SPRINGS DR  
SUITE 235  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

**FEI Number:** 59-3711977

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOYLE, JAMES W  
498 PALM SPRINGS DR #235  
ALTAMONTE SPRINGS, FL 32701 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DV  
Name: BOURES, JAMES  
Address: 2591 COMPASS RD #105  
City-St-Zip: GLENVIEW, IL 60025

Title: D  
Name: COLLETA, JASON  
Address: 407 WEKIVA SPRINGS RD, # 205  
City-St-Zip: LONGWOOD, FL 32779

Title: TD  
Name: COOK, YVONNE  
Address: 413 N ALAFAYA TRAIL  
City-St-Zip: ORLANDO, FL 32828

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JIM BOURSE

PRES

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date