



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90153 040 ****61.25

DOCUMENT # N01000007290					
1. Entity Name WATERFORD OAKS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 400 EAGLE LAKE LOOP ROAD EAST WINTER HAVEN, FL 33884			Mailing Address PO BOX 589 WINTER HAVEN, FL 33882		
2. Principal Place of Business 9500 Waterford Oaks Blvd Suite, Apt. #, etc.		3. Mailing Address 6039 Cypress Gardens Blvd Suite, Apt. #, etc. PMB 524			
City & State Winter Haven FL		City & State Winter Haven FL		04202006 Chg-NP CR2E037 (11/05)	
Zip 33884		Country USA		4. FEI Number 59-3754999	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DUNSON, LESLIE W 400 EAGLE LAKE LOOP ROAD EAST WINTER HAVEN, FL 33884			7. Name and Address of New Registered Agent Name: Darcey Martin Street Address (P.O. Box Number is Not Acceptable): 9507 Waterford Oaks Blvd City: Winter Haven FL Zip Code: 33884		
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: <u>Darcey L Martin</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <u>4-29-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		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 D	NAME DUNSON, LESLIE W III		<input type="checkbox"/> Delete	TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 400 EAGLE LAKE LOOP ROAD EAST			STREET ADDRESS Darcey Martin 9507 Waterford Oaks Blvd		
CITY-ST-ZIP WINTER HAVEN, FL 33884			CITY-ST-ZIP Winter Haven FL 33884		
TITLE D	NAME DONLEY, TERRY W		<input type="checkbox"/> Delete	TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 6755 WINTERSET GARDENS RD			STREET ADDRESS Lou DeLeo 9513 Waterford Oaks Blvd		
CITY-ST-ZIP WINTER HAVEN, FL 33884			CITY-ST-ZIP Winter Haven FL 33884		
TITLE D	NAME BATES, SANDRA J		<input checked="" type="checkbox"/> Delete	TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 6745 WINTERSET GARDENS RD			STREET ADDRESS Christie Vu 9516 Waterford Oaks Blvd		
CITY-ST-ZIP WINTER HAVEN, FL 33884			CITY-ST-ZIP Winter Haven FL 33884		
TITLE D	NAME [Blank]		<input type="checkbox"/> Delete	TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS [Blank]			STREET ADDRESS Jamie Odum 9486 Waterford Oaks Dr.		
CITY-ST-ZIP [Blank]			CITY-ST-ZIP Winter Haven FL 33884		
TITLE D	NAME [Blank]		<input type="checkbox"/> Delete	TITLE [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS [Blank]			STREET ADDRESS [Blank]		
CITY-ST-ZIP [Blank]			CITY-ST-ZIP [Blank]		
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: <u>Darcey L Martin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <u>4-29-06</u> 863875-1220 <small>Daytime Phone #</small>	
DARCEY L MARTIN					