2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100007290

Entity Name: WATERFORD OAKS HOMEOWNERS ASSOCIATION, INC.

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Current Principal Place of Business:		New Principal Place of Business:			
9507 WATERFORD OAKS BLVD WINTER HAVEN, FL 33884		9513 WATERFORD OAKS BLVD WINTER HAVEN, FL 33884			
Current Mailing Address:		New Mailing Address:			
6039 CYPRESS GARDE PMB 524 WINTER HAVEN, FL 33					
FEI Number: 59-3754999	FEI Number Applied For()	FEI Number Not Applicable()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:			
MARTIN, DARCEY		DELEO, LOUIS			

9507 WÁTERFORD OAKS BLVD WINTER HAVEN, FL 33884 US 9513 WATERFORD OAKS BLVD WINTER HAVEN, FL 33884 US

FILED Apr 22, 2008 Secretary of State

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: LOUIS V DELEO		04/22/2008		
Electron	ic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Name: DUNSON, LESL	KE LOOP ROAD EAST	Title: Name: Address: City-St-Zip:	9513 WATERFORD OAKS BLVD	
Name: DONLEY, TERF	ET GARDENS RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Name: VU, CHRISTINÉ	ORD OAKS BLVD	Title: Name: Address: City-St-Zip:	9459 WATERFORD OAKS DRIVE	
Name: MARTIN, DARC	ORD OAKS BLVD	Title: Name: Address: City-St-Zip:		
Name: DELEO, LOU	Delete DRD OAKS BLVD N, FL 33884	Title: Name: Address: City-St-Zip:		
Name: ODOM, JAMIE	Delete DRD OAKS BLVD N, FL 33884	Title: Name: Address: City-St-Zip:	9486 WATERFORD OAKS BLVD	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE:	STEPHANIE S ODOM	TREA	04/22/2008
	Electronic Signature of Signing Officer or Director		Date