


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90020 038 ****61.25

DOCUMENT # N02000000608 1. Entity Name WATERFORD VILLAS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 385 DOUGLAS AVENUE SUITE 2000 ALTAMONTE SPRINGS, FL 32714				Mailing Address 385 DOUGLAS AVENUE SUITE 2000 ALTAMONTE SPRINGS, FL 32714	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 407 Regency Professional Mgmt Suite, Apt. #, etc. 407 Wekiva Springs Rd Ste 205 City & State Longwood FL Zip Country 32779 US			
4. FEI Number 41-2068740				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBIN SPENCER 407 WEKIVA SPRINGS RD. STE. 205 LONGWOOD, FL 32779				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIS, TREY 358 DOUGLAS AVENUE SUITE 2000 ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Riggs, Debbie 385 Douglas Ave Suite 2000 Altamonte Springs, FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MAKRANSKY, JAMES 358 DOUGLAS AVENUE SUITE 2000 ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Sheeler, Lawrence M. 385 Douglas Ave Suite 2000 Altamonte Springs, FL 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STAPLETON, KIRSTIN 358 DOUGLAS AVENUE SUITE 2000 ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Lundegran, Brett 385 Douglas Ave, Suite 2000 Altamonte Springs, FL 32714	<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	 	<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	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Lawrence M. Sheeler 4/7/04 407-8384633 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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