2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007
Secretary of State

DOCUMENT# N02000000608

Entity Name: WATERFORD VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. ST RD. 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 W. ST RD. 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 41-2068740 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 SUITE 5000
LONGWOOD, FL 32779 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: PD ( ) Delete
Name: MANN, CANDI
Address: 13086 LEXINGTON SUMMIT ST
City-St-Zip: ORLANDO, FL 32828

Title: VD ( ) Delete
Name: MARCCUCI, DON
Address: 12953 LEXINGTON SUMMIT ST
City-St-Zip: ORLANDO, FL 32828

Title: TD ( ) Delete
Name: COLETTA, JASON
Address: 12948 LANGTON SUMMIT ST
City-St-Zip: ORLANDO, FL 32828

Title: SD ( ) Delete
Name: FLESCH, SHANNON
Address: 13062 LEXINGTON SUMMIT ST
City-St-Zip: ORLANDO, FL 32828

Title: D (X) Delete
Name: LACY, RYAN
Address: 12952 LEXINGTON SUMMIT ST
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: BILODEAU, GERARD
Address: 12707 SOMERSET OAKS ST
City-St-Zip: ORLANDO, FL 32828

Title: PD (X) Change ( ) Addition
Name: MARCCUCI, DON
Address: 12953 LEXINGTON SUMMIT
City-St-Zip: ORLANDO, FL 32828

Title: SD (X) Change ( ) Addition
Name: ROSENSON, BERNARD
Address: 12743 SOMERSET OAKS ST
City-St-Zip: ORLANDO, FL 32828

Title: TD (X) Change ( ) Addition
Name: KULACH, PIOTR
Address: 12744 LEXINGTON SUMMIT ST
City-St-Zip: ORLANDO, FL 32828

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DON MARCUCCI PD 04/16/2007

Electronic Signature of Signing Officer or Director — Date