

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000006665

1. Entity Name
WATERFORD FOUNDATION, INC.



Principal Place of Business
1061 COLLIER CENTER WAY
NAPLES, FL 34110

Mailing Address
1061 COLLIER CENTER WAY
NAPLES, FL 34110



04292005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0484987

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LESTER, DON E
1061 COLLIER CENTER WAY
NAPLES, FL 34110

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000355398
05/03/05-80144-025 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LESTER, SUZANNE F
STREET ADDRESS 1061 COLLIER CENTER WAY
CITY-ST-ZIP NAPLES, FL 34110

TITLE VD
NAME LIENEMANN, WILLIAM H
STREET ADDRESS 6131 PELICAN BAY BLVD., #11
CITY-ST-ZIP NAPLES, FL 34108

TITLE SD
NAME LESTER, DEAN C
STREET ADDRESS 8927 KONA ISLE COURT
CITY-ST-ZIP ORLANDO, FL 32817

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-05

259-
595-1000