

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011091

FILED  
Apr 26, 2005  
Secretary of State

**Entity Name:** WATERFORD AT PALM HARBOR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3751 PINE RIDGE BLVD.  
PALM HARBOR, FL 34685

**New Principal Place of Business:**

**Current Mailing Address:**

3751 PINE RIDGE BLVD.  
PALM HARBOR, FL 34685

**New Mailing Address:**

**FEI Number:** 20-2195240

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROGERS, WILLIAM S  
333 NORTH FIRST STREET  
SUITE 310  
JACKSONVILLE BEACH, FL 32250 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: CONK, EDWARD  
Address: 333 NOTH FIRST STREET SUITE 310  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VD ( ) Delete  
Name: CONK, JOELLYN  
Address: 333 NOTH FIRST STREET SUITE 310  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VD ( ) Delete  
Name: NEYLAND, ROBERT  
Address: 333 NOTH FIRST STREET SUITE 310  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 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 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: EDWARD CONK

PD

04/26/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date