


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N05000004189 1. Entity Name WATER GARDENS ASSOCIATION, INC.	
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Principal Place of Business 1625 NORTH COMMERCE PARKWAY SUITE 315 WESTON, FL 33326	Mailing Address 1625 NORTH COMMERCE PARKWAY SUITE 315 WESTON, FL 33326
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03062007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-4186242	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LOMBARDI, VINCENZO  
 3906 LACOSTA ISLAND COURT  
 PUNTA GORDA, FL 33950

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOMBARDI, VINCENZO 3906 LACOSTA ISLAND COURT PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALBACETE, ALFONSO 1625 NORTH COMMERCE PARKWAY SUITE 315 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTINEZ, CIRO 1625 NORTH COMMERCE PARKWAY SUITE 315 WESTON, FL 33326
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U00000672998  
 03/29/07-80012-002 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **Alfonso Albacete**  **03/09/07**  **954 389 6161**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #