

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N06000002055

1. Entity Name

WATERFALL COVE AT WINTER PARK CONDOMINIUM
ASSOCIATION, INC.



FILED
Jul 09, 2008 08:00 AM
Secretary of State

Principal Place of Business

1695 LEE RD
WINTER PK FL 32789

Mailing Address

1695 LEE RD
WINTER PK FL 32789



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/08)

4. FEI Number

20-4369718

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CROOK, SABRINA L
2510 KIOWA TRAIL
FERN PARK FL 32730

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

Sabrina Crook

7/7/08

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By September 3, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE OD ☐ Delete
NAME LOGAN, SHANESIA
STREET ADDRESS 1695 LEE ROAD #D106
CITY-ST-ZIP WINTER PARK FL 32789

TITLE OD ☐ Delete
NAME CARBO, SANDRA
STREET ADDRESS 1695 LEE ROAD # B212
CITY-ST-ZIP WINTER PARK FL 32789

TITLE OD ☐ Delete
NAME JARVIS, JOHN
STREET ADDRESS 1695 LEE ROAD # A105
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☐ Delete
NAME CARLILE, GEORGE
STREET ADDRESS 1695 LEE ROAD #C103
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☐ Delete
NAME DEERING, ELAINE
STREET ADDRESS 460 SR 436 SUITE 104
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME 000000953781
STREET ADDRESS 07/09/08-80004-019 61.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Shanesia Logan

7/7/08

321-251-0807