## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000002138

FILED Mar 22, 2007 Secretary of State

Entity Name: WATERFORD VILLAS OF INDIALANTIC CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 300 COLUMBIA DRIVE, #2306 CAPE CANAVERAL, FL 32920 **Current Mailing Address: New Mailing Address:** 300 COLUMBIA DRIVE, #2306 CAPE CANAVERAL, FĹ 32920 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. OLSON, LAWRENCE P PRES 1840 SW 22ND ST. 300 COLUMBIA DRIVE #2306 4TH FLOOR US CAPE CANAVERAL, FL 32920 MIAMI, FL 33145 US 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: LAWRENCE P. OLSON 03/22/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition OLSON, LAWRENCE Name: Name: 300 COLUMBIA DRIVE, #2306 Address: Address: City-St-Zip: CAPE CANAVERAL, FL 32920 City-St-Zip: Title: DV () Delete Title: () Change () Addition BOLAND, BRIAN Name: Name: Address: 300 COLUMBIA DRIVE, #2306 Address: City-St-Zip: CAPE CANAVERAL, FL 32920 City-St-Zip: Title: DS () Delete Title: () Change () Addition OLSON, JANET Name: Name: 300 COLUMBIA DRIVE, #2306 Address: Address: City-St-Zip: CAPE CANAVERAL, FL 32920 City-St-Zip: Title: DT () Delete Title: () Change () Addition Name: BOLAND, MICHELE Name: Address: 300 COLUMBIA DRIVE, #2306 Address: City-St-Zip: CAPE CANAVERAL, FL 32920 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: LAWRENCE P. OLSON PRES 03/22/2007