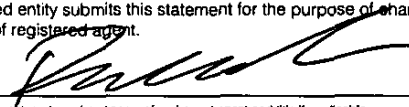
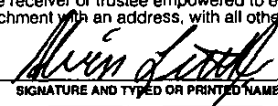


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2005 8:00 am
Secretary of State

07-15-2005 90019 040 ****61.25

DOCUMENT # N08553 1. Entity Name WATERFORD LAKES COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 453 MARK TWAIN BLVD ORLANDO, FL 32828			Mailing Address 453 MARK TWAIN BLVD ORLANDO, FL 32828		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2643089	
				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		
DON ASHER & ASSOCIATES, INC 52 EAST SOUTH STREET ORLANDO, FL 32801			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 					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WITMER, JIM		NAME		
STREET ADDRESS	749 CAVE HOLLOW LANE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BOTRANGER, TOM		NAME		
STREET ADDRESS	232 LEXINGDALE DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MASSEY, BILL		NAME		
STREET ADDRESS	603 FORESTGREEN WAY		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32808		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	GREENWOOD, TOM		NAME		
STREET ADDRESS	13716 CRYSTAL RIVER DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP		
TITLE	SEC/TRES	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	LITTLE, ALVIN		NAME	ST LITTLE, ALVIN	
STREET ADDRESS	220 LEXINGDALE DRIVE		STREET ADDRESS	220 LEXINGDALE DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	D	☐ Delete	TITLE	☐ Change ☒ Addition	
NAME	Rodriguez, Jamie L.		NAME	D RODRIGUEZ, JAMIE L.	
STREET ADDRESS	12537 WATERHAVEN CIRCLE		STREET ADDRESS	12537 WATERHAVEN CIRCLE	
CITY-ST-ZIP	Orlando, FL 32828		CITY-ST-ZIP	ORLANDO FL 32828	
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: 			5.13.05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

20064061



01202005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2643089

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

DON ASHER & ASSOCIATES, INC
52 EAST SOUTH STREET
ORLANDO, FL 32801

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

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WITMER, JIM
STREET ADDRESS 749 CAVE HOLLOW LANE
CITY-ST-ZIP ORLANDO, FL 32828 ☐ Delete

TITLE VD
NAME BOTRANGER, TOM
STREET ADDRESS 232 LEXINGDALE DR
CITY-ST-ZIP ORLANDO, FL 32828 ☐ Delete

TITLE D
NAME MASSEY, BILL
STREET ADDRESS 603 FORESTGREEN WAY
CITY-ST-ZIP ORLANDO, FL 32808 ☐ Delete

TITLE D
NAME GREENWOOD, TOM
STREET ADDRESS 13716 CRYSTAL RIVER DR
CITY-ST-ZIP ORLANDO, FL 32828 ☒ Delete

TITLE ~~SEC/TRES~~
NAME LITTLE, ALVIN
STREET ADDRESS 220 LEXINGDALE DRIVE
CITY-ST-ZIP ORLANDO, FL 32828 ☐ Delete

TITLE D
NAME Rodriguez, Jamie L.
STREET ADDRESS 12537 WATERHAVEN CIRCLE
CITY-ST-ZIP Orlando, FL 32828 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ST
NAME LITTLE, ALVIN
STREET ADDRESS 220 LEXINGDALE DRIVE
CITY-ST-ZIP ORLANDO, FL 32828 ☒ Change ☐ Addition

TITLE D
NAME RODRIGUEZ, JAMIE L.
STREET ADDRESS 12537 WATERHAVEN CIRCLE
CITY-ST-ZIP ORLANDO FL 32828 ☐ Change ☒ Addition

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 #