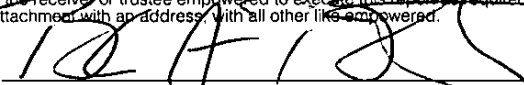


2006.NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

05-12-2006 90027 026 ****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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04282006 Chg-NP CR2E037 (4/06)	
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 DON ASHER & ASSOCIATES, INC 52 EAST SOUTH STREET ORLANDO, FL 32801				7. Name and Address of New Registered Agent 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, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	PD WITMER, JIM 749 CAVE HOLLOW LANE ORLANDO, FL 32828	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOTRANGER, TOM 232 LEXINGDALE DR ORLANDO, FL 32828	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASSEY, BILL 603 FORESTGREEN WAY ORLANDO, FL 32808	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, JAMIE L 12537 WATER HAVEN CIRCLE ORLANDO, FL 32828	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LITTLE, ALVIN 220 LEXINGDALE DRIVE ORLANDO, FL 32828	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER BLAINE BARTOSAVAGE 13549 IVY BROOK LANE ORLANDO FLORIDA 32828	☐ Change ☒ Addition			
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date May 9, 2006 Daytime Phone #					