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	Mailing Address
453 MARK TWAIN BLVD ORLANDO, FL 32828	453 MARK TWAIN BLVD ORLANDO, FL 32828

04282006 Chg-NP CR2E037 (4/06)

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 ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BOTRANGER, TOM 232 LEXINGDALE DR ORLANDO, FL 32828	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MASSEY, BILL 603 FORESTGREEN WAY ORLANDO, FL 32808	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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		☐ Change ☐ Addition
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		☐ Delete	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: _____ May 9, 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #