# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 12, 2007 8:00 am**
**Secretary of State**
02-12-2007 90090 042 ****61.50

DOCUMENT # N08553

1. Entity Name
WATERFORD LAKES COMMUNITY ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 453 MARK TWAIN BLVD<br>ORLANDO, FL 32828 | 453 MARK TWAIN BLVD<br>ORLANDO, FL 32828 |

01312007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

HOUSE OF MANAGEMENT ENTERPRISES FOR COMMUN
5205 S. ORANGE AVENUE
SUITE D
ORLANDO, FL 32809

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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, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | WITMER, JIM |
| STREET ADDRESS | 749 CAVE HOLLOW LANE |
| CITY-ST-ZIP | ORLANDO, FL 32828 |
| TITLE | VD |
| NAME | BOTRANGER, TOM |
| STREET ADDRESS | 232 LEXINGDALE DR |
| CITY-ST-ZIP | ORLANDO, FL 32828 |
| TITLE | D |
| NAME | RODRIGUEZ, JAMIE L |
| STREET ADDRESS | 12537 WATER HAVEN CIRCLE |
| CITY-ST-ZIP | ORLANDO, FL 32828 |
| TITLE | S |
| NAME | LITTLE, ALVIN |
| STREET ADDRESS | 220 LEXINGDALE DRIVE |
| CITY-ST-ZIP | ORLANDO, FL 32828 |
| TITLE | T |
| NAME | BARTOSAVAGE, BLAINE |
| STREET ADDRESS | 13549 IVY BROOK LN |
| CITY-ST-ZIP | ORLANDO, FL 32828 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:** Alvin Little Secretary 2.6.07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #