

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2006 08:00 AM
Secretary of State**

DOCUMENT # N10378

1. Entity Name

**WATERFRONT SQUARE BUILDING #9 COMMERCIAL
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**8 BROADWAY
STE 218
KISSIMMEE, FL 34741 US**

Mailing Address

**8 BROADWAY
STE 218
KISSIMMEE, FL 34741 US**



03132006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2600876

Applied For

Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PARSONS, RAY
8 BROADWAY, STE 218
KISSIMMEE, FL 34741**

**DO NOT WRITE
IN THIS SPACE**

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

10. OFFICERS AND DIRECTORS

TITLE PVD
NAME PARSONS, RAY
STREET ADDRESS 8 BROADWAY, STE 218
CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE D
NAME PARSONS, CHARLES H
STREET ADDRESS 8 BROADWAY, STE 218
CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE D
NAME PARSONS, DALE H
STREET ADDRESS 8 BROADWAY, STE 218
CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000534746
05/08/06-80023-017 61.25

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ray Parsons

Ray Parsons

4.19.06

407.847.470

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #