## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # N10378

US

1. Entity Name

WATERFRONT SQUARE BUILDING #9 COMMERCIAL CONDOMINIUM ASSOCIATION, INC.



US

FILED Apr 26, 2006 08:00 AN Secretary of State

Principal Place of Business

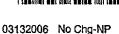
8 BROADWAY

STE 218 KISSIMMEE, FL 34741 Mailing Address

8 BROADWAY

STE 218

KISSIMMEE, FL 34741



CR2E037 (11/05)

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 the obligation	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	ed office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and ac
SIGNATURE.	Signature, typed or printed name of registered agent and title	# applicable. (NOTE Registered	i Agent signature	required when reinstating)	DATE
<del></del>	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS			· · · · · · · · · · · · · · · · · · ·	The second of th
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD PARSONS, RAY 8 BROADWAY, STE 218 KISSIMMEE, FL 34741				U00000534746 05/08/06-80023-017 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARSONS, CHARLES H 8 BROADWAY, STE 218 KISSIMMEE, FL 34741		·	<u></u>	****
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARSONS, DALE H 8 BROADWAY, STE 218 KISSIMMEE, FL 34741			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		the sury of the su		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY_ST_TIP		·			. <u></u>

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informational 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 direct 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 attackment with an address, with all other like empowered.

SIGNATURE:

SIGNAPORE AND TYPED OR PRINT

OFFICER OR DIRECTOR

4.19.00

407.847.47

Daytime Phone #