

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
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



03272007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-2600876

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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, 2007**

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	

U00000757529
05/23/07-80069-019 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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

4.27.07 407.847-4706