


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90035 003 ****61.25

DOCUMENT # N14717					
1. Entity Name WATERFORD PATIO HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 15010 S. WATERFORD DR. MAIL BOX ONLY DAVIE, FL 33331			Mailing Address 15010 S. WATERFORD DR. MAIL BOX ONLY DAVIE, FL 33331		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2684913	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROUGH, CHADROW & LEVINE, P.A. 1900 N. COMMERCE PARKWAY WESTON, FL 33326			7. Name and Address of New Registered Agent		
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, RICHARD			NAME	Secretary John deChristopher
STREET ADDRESS	15160 BRISTOL LANE			STREET ADDRESS	15061 Brighton Lane
CITY-ST-ZIP	DAVIE, FL 33331			CITY-ST-ZIP	DAVIE, FL 33331
TITLE	V.	<input type="checkbox"/> Delete		TITLE	Director
NAME	BELL, DONALD			NAME	Kyle Meadows
STREET ADDRESS	15170 BRIGHTON LANE			STREET ADDRESS	14860 NEW CASTLE LANE
CITY-ST-ZIP	DAVIE, FL 33331			CITY-ST-ZIP	DAVIE, FL 33331
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSTIN, PAULA			NAME	
STREET ADDRESS	5861 CHESTER LN			STREET ADDRESS	
CITY-ST-ZIP	DAVIE, FL 33331			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGAN, ROBERT			NAME	
STREET ADDRESS	15031 S. WATERFORD DR			STREET ADDRESS	
CITY-ST-ZIP	DAVIE, FL 33331			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <u>Paula Austin, Treasurer</u>				Date: <u>2/4/07</u> Daytime Phone #: <u>954-557-5754</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>PAULA AUSTIN</u>					