2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N14717

1. Entity Name
WATERFORD PATIO HOMEOWNERS ASSOCIATION,



FILED Feb 08, 2007 8:00 am Secretary of State 02-08-2007 90035 003 ****61.25

| • | | | 4000 | | |
|---|---|---|---|---|------------------------------|
| 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 | | TO SHIP I BE USEN SEAR HERE NOW THE SHIP DISK WALL DISK CHARLES IN | LC: |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01212007 Chg-NP CR2E037 (12/06) | |
| City & State | | City & State | | 4. FEI Number Applied I 59-2684913 Not Appl | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired | 1 |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| BROUGH, | CHADROW & LEVINE, P.A. | | Name | | |
| 1900 N. COMMERCE PARKWAY WESTON, FL 33326 | | | Street Ad | Idress (P.O. Box Number is Not Acceptable) | |
| | ė. | | City | FL Zip Code | |
| The above named entity submits this statement for the purpose of changing its registered | | | egistered office or | | ccept |
| | ions of registered agent. | | | | |
| SIGNATURE . | Signature, typed or printed name of registered agent | and trie if applicable. (NOTE: | Registered Agent signatur | re 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 Make check payable to Florida Department of State | |
| - 10. | | | | | |
| | OFFICERS AND DI | RECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | OFFICERS AND DE | RECTORS Delete | TITLE | Secretary Change STA | Addition |
| NAME | P ANDERSON, RICHARD | | TITLE | Secretary Change Tohn Delhristopher | Addition |
| NAME STREET ADDRESS | P ANDERSON, RICHARD 15160 BRISTOL LANE | | TITLE NAME STREET ADDRESS | Secretary Change The John Delhristopher 15041 Brighton Lone | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | P ANDERSON, RICHARD 15160 BRISTOL LANE DAVIE, FL 33331 | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Change MA John Delhristopher 15041 Orighton Lane bavic, FL 33331 | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE | P ANDERSON, RICHARD 15160 BRISTOL LANE DAVIE, FL 33331 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Scretary Change Millston Delaristopher 15041 Orighton Lane bavic, Fl. 33331 Director Change Millston | Addition Addition |
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| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | P ANDERSON, RICHARD 15160 BRISTOL LANE DAVIE, FL 33331 V. BELL, DONALD 15170 BRIGHTON LANE | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Secretary John Delhristopher 15041 Brighton Lone bavic, Fl. 33331 Director Change Bl Kyle Meadows 14860 New Castle Lane Davie, Fl. 33331 | |
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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 cath; 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:

Rust , Treasurer. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-557-5754

PAULA AUSTIN.