2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19325

FILED Feb 16, 2006 Secretary of State

Entity Name: THE WATERFORD WEST OF DUNEDIN HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: JOHN E LYTHGOE 1651 SPARKLING CT. DUNEDIN, FL 34698 US **New Mailing Address: Current Mailing Address:** JOHN E LYTHGOE 1651 SPARKLING CT. DUNEDIN, FL 34698 US FEI Number: 59-3091887 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MACPHERSON, GILBERT P., P.A. 1822 DREW ST CLEARWATER, FL 34624 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LYTHGOE, JOHN E Name: Name: 1651 SPARKLING CT Address: Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: Title: SD () Delete Title: SD (X) Change () Addition SNYDER, BAVERLY A Name: BERTALAN, ED Name: Address: 1650 SPARKLING CT Address: 1681 SPARKLING CT City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: DUNEDIN, FL 34698 Title: () Delete Title: PD (X) Change () Addition VIVIANO, WILL MARKS, CHRISTY Name: Name: 1671 SPARKLING CT 1600 SPARKLING CT Address: Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: DUNEDIN, FL 34698 Title: VPD () Delete Title: VPD (X) Change () Addition SNYDER, JERRY Name: Name: SCHWARTZ, STEVEN 1670 SPARKLING CT Address: 1650 SPARKLING CT Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: DUNEDIN, FL 34698 Title: () Delete Title: () Change (X) Addition LEICHTENSCHLAG, JIM Name: Name: 1641 SPARKLING CT. Address: Address: City-St-Zip: City-St-Zip: DUNEDIN, FL 34698 Title: () Delete Title: () Change (X) Addition GORDON, RICHARD Name: Name: Address: Address: 1610 SPARKLING CT. DUNEDIN, FL 34698 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN LYTHGOE TD 02/16/2006