

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90142 002 ****61.25

DOCUMENT # N23059

1. Entity Name

WATERFORD MAINTENANCE ASSOCIATION, INC.



Principal Place of Business

ASSOCIATED PROPERTY MGMT
1928 LAKE WORTH RD
LAKE WORTH FL 33461
US

Mailing Address

ASSOCIATED PROPERTY MGMT
1928 LAKE WORTH RD
LAKE WORTH FL 33461
US



2. Principal Place of Business

Seacrest Services

3. Mailing Address

Seacrest Services

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2400 Centre Park W. Dr #175

2400 Centre Park W. Dr #175

City & State

City & State

W. Palm Beach

W. Palm Beach

Zip

Country

Zip

Country

33409

USA

33409

USA

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0036425

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ASSOCIATED PROPERTY MGMT
1928 LAKE WORTH RD
LAKE WORTH FL 33461

7. Name and Address of New Registered Agent

Name

Seacrest Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

2400 Centre Park W. Drive #175

West Palm Beach, FLA

City

FL

Zip Code

33409

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

Charles J. Caruso President

3/30/06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GRIFFOUL, GREG	
STREET ADDRESS	13281 CRISH DR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	

TITLE	SD	<input type="checkbox"/> Delete
NAME	PESKOFF, OSCAR	
STREET ADDRESS	13160 CRISTAL D'ARQUES DR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	

TITLE	TD	<input type="checkbox"/> Delete
NAME	HOFFMAN, TED	
STREET ADDRESS	13180 CRISTAL D'ARQUES DR.	
CITY-ST-ZIP	PALM BCH. GARDENS FL 33410	

TITLE	D	<input type="checkbox"/> Delete
NAME	BORRELLI, ANTHONY	
STREET ADDRESS	2671 MIKASA DR.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	

TITLE	VD	<input type="checkbox"/> Delete
NAME	GARBER, JERRY	
STREET ADDRESS	13231 CRISA DR.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vincent Caruso	
STREET ADDRESS	13201 Crisa Drive	
CITY-ST-ZIP	Palm Beach Gardens, FLA 33410	

TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan Wilson-Rich	
STREET ADDRESS	13160 Crisa Drive	
CITY-ST-ZIP	Palm Beach Gardens, FLA 33410	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Charles J. Caruso Vincent J. Caruso* *3/15/06* *351-1541*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #