

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90012 007 \*\*\*\*70.00

<b>DOCUMENT # N24182</b>	
1. Entity Name WATERMAN COMMUNITIES, INC.	



Principal Place of Business 250 BROOKFIELD AVE MOUNT DORA, FL 32757	Mailing Address 250 BROOKFIELD AVE MOUNT DORA, FL 32757
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40030300



02072008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2867652	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  LEIGH, RICHARD A 1031 WEST MORSE BLVD. SUITE 160 WINTER PARK, FL 32789
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LEIGH, RICHARD A 1031 WEST MORSE BLVD SUITE 350 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCDONALD, ANDY PASTOR FLORIDA HOSPITAL-SDA CHURCH, 2800 N. ORANG ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DALE, LIND 250 BROOKFIELD AVENUE MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCEWEN, KEVIN W 18500 US HWY 441 MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, DIANA P 305 E OAK ST APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SKILTON, GARY 111 N ORLANDO AVE WINTER PARK, FL 32789

<b>DO NOT WRITE IN THIS SPACE</b>
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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 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: _____	3/31/08 352-283-0051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #