


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N27651 1. Entity Name WATERFORD CROSSING HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 2189 CLEVELAND ST. STE 225 CLEARWATER FL 33765 US	Mailing Address 2189 CLEVELAND ST. STE 225 CLEARWATER FL 33765 US
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 59-2901125	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEIGHTON, LENNARD A. 2189 CLEVELAND ST. STE 225 CLEARWATER FL 33765

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	TD	
NAME	HAHN, SAM	
STREET ADDRESS	2721 MCNAIR DR.	
CITY - ST - ZIP	PALM HARBOR FL 34683	
TITLE	PD	
NAME	HORTSMAN, BETTY	
STREET ADDRESS	2676 CHALLENGER DR.	
CITY - ST - ZIP	PALM HARBOR FL	
TITLE	VPD	
NAME	CAMPBELL, WAYNE	
STREET ADDRESS	2696 MCNAIR DRIVE	
CITY - ST - ZIP	PALM HARBOR FL 34683	
TITLE	SD	
NAME	DAVIS, TERRY	
STREET ADDRESS	2751 CHALLENGER DRIVE	
CITY - ST - ZIP	PALM HARBOR FL 34683	
TITLE	D	
NAME	BALDINO, AL	
STREET ADDRESS	2700 CHALLENGER DR	
CITY - ST - ZIP	PALM HARBOR FL 34686	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	U00000294577		
NAME	04/08/05-80075-010 61.25		
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Elizabeth L. Hortsmann, President</i>	Date: 1-31-05	Daytime Phone #
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