


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2008 08:00 A
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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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	4. FEI Number 59-2901125
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1st MOORE CR2E037 (10/07)

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
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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 _____

(NOTE: Registered Agent fees are required when changing)

FILE NOW: 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 Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Hahn, Sam <input type="checkbox"/> Delete 2721 MCNAIR DR. PALM HARBOR FL 34683	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000886155 04/18/08-80044-006 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORTSMAN, BETTY <input type="checkbox"/> Delete 2676 CHALLENGER DR. PALM HARBOR FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CAMPBELL, WAYNE <input type="checkbox"/> Delete 2696 MCNAIR DRIVE PALM HARBOR FL 34683	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIS, TERRY <input type="checkbox"/> Delete 2751 CHALLENGER DRIVE PALM HARBOR FL 34683	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALDINO, AL <input type="checkbox"/> Delete 2700 CHALLENGER DR PALM HARBOR FL 34686	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *E. L. ...* 3/31/08