

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90017 020 ****61.25

DOCUMENT # N31867

1. Entity Name
WATERFORD VILLAGE COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**8359 BEACON BLVD
STE 417
FORT MYERS, FL 33907 US**

Mailing Address
**8359 BEACON BLVD
STE 417
FORT MYERS, FL 33907 US**

40035957



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Alliant Property Management, LLC
6719 Winkler Road, Suite 200
Fort Myers, FL 33919

Alliant Property Management, LLC
6719 Winkler Road, Suite 200
Fort Myers, FL 33919

02282007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0115096

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

Registered Agent

**CORNERSTONE ASSOCIATION MANAGEMENT, INC.
8359 BEACON BLVD, STE 417
FT. MYERS, FL 33907**

Alliant Property Management, LLC (le)
6719 Winkler Road, Suite 200
Fort Myers, FL 33919

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DV** ☒ Delete
NAME **LIMA, RICHARD**
STREET ADDRESS **11454 WATERFORD VILLAGE DR**
CITY-ST-ZIP **FORT MYERS, FL 33913**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☐ Delete
NAME **DUREGGER, FRANK**
STREET ADDRESS **11386 WATERFORD VILLAGE DR**
CITY-ST-ZIP **FORT MYERS, FL 33913**

TITLE **SD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Delete
NAME **D'ELIA, JOE**
STREET ADDRESS **2630 SHANNONDALE DR**
CITY-ST-ZIP **FT. MYERS, FL 33913**

TITLE **PP** ☐ Change ☒ Addition
NAME **Peggy Neu**
STREET ADDRESS **11462 Waterford Village Dr.**
CITY-ST-ZIP **Fort Myers, FL 33919**

TITLE **DT** ☐ Delete
NAME **RUTH, HAROLD**
STREET ADDRESS **11416 WATERFORD VILLAGE DR**
CITY-ST-ZIP **FORT MYERS, FL 33913**

TITLE **TD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Change ☒ Addition
NAME **Joyce Schullis**
STREET ADDRESS **11431 Waterford Village Dr**
CITY-ST-ZIP **Fort Myers, FL 33919**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **KIM Brady**
STREET ADDRESS **12596 Shannondale Dr**
CITY-ST-ZIP **Fort Myers, FL 33913**

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: *Margaret J. Neu (Peggy)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/07
Date

Daytime Phone #