


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90018 032 \*\*\*\*61.25

<b>DOCUMENT # N31867</b> 1. Entity Name WATERFORD VILLAGE COMMUNITY ASSOCIATION, INC.					
Principal Place of Business ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER ROAD, SUITE 200 FORT MYERS, FL 33919 US			Mailing Address ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER ROAD, SUITE 200 FORT MYERS, FL 33919 US		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		40040000	
City & State  Zip Country		City & State  Zip Country		02072008 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0115096				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER ROAD SUITE 200 FORT MYERS, FL 33919			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 <i>Harold Ruth</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Agent		3-14-08 <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUREGGER, FRANK 11386 WATERFORD VILLAGE DR FORT MYERS, FL 33913	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Joseph D'Elia 12620 Shannondale Dr Ft Myers, FL 33913
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP NEU, PEGGY 11402 WATERFORD VILLAGE DR FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUTH, HAROLD 11416 WATERFORD VILLAGE DR FORT MYERS, FL 33913	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHULLS, JOYCE 11431 WATERFORD VILLAGE DR FORT MYERS, FL 33919	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADY, JOYCE 12596 SHANNONDALE DR FORT MYERS, FL 33913	<input checked="" type="checkbox"/> Delete	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Peggy Neu 11402 Waterford Village Dr Ft Myers, FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Harold Ruth 11416 Waterford Village Dr #416 Ft Myers, FL 33913	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joyce Schulls 11431 Waterford Village Dr Ft Myers, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Peggy Neu 11402 Waterford Village Dr Ft Myers, FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Peggy Neu 11402 Waterford Village Dr Ft Myers, FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <i>Harold Ruth</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			14 March 08 939 <small>Date Daytime Phone #</small>		