N31867

(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phone) #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
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A LAW FIRM DEVOTED PRIMARILY TO THE REFRESENTATION OF COMMUNITY ASSOCIATIONS



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Director of Finance

INDRANI S PARSAUD CPA

Director of Operations
CORBYN A. GRHECO

Operior of Cheat Services
MONICA VEH Z

Fam Abanusiyana PAL HERMOSA February 12, 2009

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Waterford Village Community Association, Inc. Change of Registered Agent

Dear Sir / Madam:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both for Corporations which has been properly completed by this office. Furthermore, enclosed please find a check made payable to the Florida Department of State in the amount of \$35.00. Should you require any further information or documentation with respect to the Change of Registered Agent for the above referenced corporation, please contact me at the number listed below.

Sincerely,

KATZMAN GARFINKEL

Donna D. Berger, Esq. Managing Partner

DDB:dts Enclosures

cc: Board of Directors Property Manager

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	e provisions of sections 607.0302, o		
this statement of	of change is submitted for a corporati in order to change its registe	ion organized under the laws of t ered office or registered agent, c	
of Florida.			
1. The name of	f the corporation: WATERFORD VILL	AGE COMMUNITY ASSOCIATION	N, INC
2. The principa	al office address: ALLIANT PROPERT	Y MANAGEMENT, LLC,	
6719 WINK	LER ROAD, SUITE 200, FORT MYERS	s, FL 33919 US	
3. The mailing	address (if different): SAME		
4. Date of inco	poration/qualification: 04/21/1989	Document number:	N31867
	nd street address of the current register artment of State:	red agent and registered office o	n file with the
	ALLIANT PROPERTY MANAGEMEN	NT, LLC	
	6719 WINKLER ROAD, SUITE 200		
	FORT MYERS FL 33919 US		
6. The name a changed):	and street address of the new registe	ered agent (if changed) and /or	registered office (if
	KATZMAN GARFINKEL, P.A.		
	1501 NORTHWEST 49TH STREET,		<u> </u>
	(P.O. Box of personal ma		•
		 	
	ress of its registered office and the st ged will be identical.		
Such change wanthorized by	vas authorized by resolution duly ado the board, or the corporation has been	opted by its board of directors of in notified in writing of the chan	r by an officer so ige.
Jane Vision all an atter	or challenge or line chartened Al the bound	Paul Indo	d President
registered age office address,	of the appointment as registered agent to comply with the provisions of all of my duties, and I am familiar with an Or, if this document is being filed. I hereby gonfirm that the corporation	nt and agree to act in this capace statutes relative to the proper of and accept the obligation of my different to reflect a change in it on has been notified in writing of the control o	rity. and complete position as the registered of this change.
If signing on beha		·,	
	RGER, ESQUIRE	MANAGING PARTNER	
	(Typed or Printed Name)	(Copacity)	

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO; DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314