

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36286

FILED  
Apr 05, 2009  
Secretary of State

Entity Name: LAKE WATERFORD ESTATES, INC.

**Current Principal Place of Business:**

1940 WATERFORD EST DR  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

1940 WATERFORD ESTATE DRIVE  
NEW SMYRNA BEACH, FL 32168 US

**New Mailing Address:**

FEI Number: 59-3057375

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LLOYD, MICHELE D  
2010 WATERFORD ESTATES DR  
NEW SMYRNA BEACH, FL 32168 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: STEELE, MARK  
Address: 1911 WATERFORD ESTATES DE.  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: DT ( ) Delete  
Name: LLOYD, MICHELE  
Address: 2010 WATERFORD ESTATES DR  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: DV ( ) Delete  
Name: LANE, WENDY  
Address: 2411 GLENMORE COURT  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: DS ( ) Delete  
Name: MANSOY, PATRICIA  
Address: 1871 WATERFORD ESTATES DR  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DV (X) Change ( ) Addition  
Name: PRADA, GUILLERMO  
Address: 2010 ROSSMORE COURT  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: DS (X) Change ( ) Addition  
Name: MANSUY, PATRICIA  
Address: 1871 WATERFORD ESTATES DR  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE D LLOYD

TREA

04/05/2009

Electronic Signature of Signing Officer or Director

Date