2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# N40065

Entity Name: THE VILLAS AT WATERFORD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

417 WATERFORD WAY
KISSIMMEE, FL 34786

New Principal Place of Business:

Current Mailing Address:

C/O ALAN B. TAYLOR
P.O. BOX 1549
ORLANDO, FL 32802

New Mailing Address:

FEI Number: 59-3072660 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAYLOR, ALAN B
390 N. ORANGE AVE.
ORLANDO, FL 32801 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: TD ( ) Delete
Name: WADDELL, ALEXANDER
Address: 445 WATERFORD WAY
City-St-Zip: KISSIMMEE, FL 34746

Title: PD ( ) Delete
Name: LUND, DAVID
Address: 437 WATERFORD WAY
City-St-Zip: KISSIMMEE, FL 34746

Title: SD ( ) Delete
Name: DARLSON, JANE
Address: 437 WATERFORD WAY
City-St-Zip: KISSIMMEE, FL 34746

Title: VP (X) Delete
Name: TAYLOR, ALAN B
Address: 390 N ORANGE AVE
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change ( ) Addition
Name: BISHOP, NAOMI
Address: 437 WATERFORD WAY
City-St-Zip: KISSIMMEE, FL 34746

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DR. ALEXANDER J. WADDELL T/D 04/29/2004

Electronic Signature of Signing Officer or Director — Date