

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42708

FILED
Apr 28, 2006
Secretary of State

Entity Name: WATERFORD CONDOMINIUM ASSOCIATION OF COLLIER COUNTY, INC.

Current Principal Place of Business:

P O BOX 110339
NAPLES, FL 34108 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 110339
NAPLES, FL 34108 US

New Mailing Address:

FEI Number: 65-0309469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUETER, BEVERLY
4306 ARNOLD AVENUE
NAPLES, FL 34104 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: DP () Delete
Name: EASLEY, JUDY
Address: 850 NEW WATERFORD DR. #203
City-St-Zip: NAPLES, FL 34104

Title: DT () Delete
Name: LACROIX, ORIE
Address: 945 NEW WATERFORD DR. #102
City-St-Zip: NAPLES, FL 34104

Title: DVP () Delete
Name: SALERNO, GERI
Address: 915 NEW WATERFORD DR. #202
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: KILLELEA, PETER
Address: 875 NEW WATERFORD DR. #204
City-St-Zip: NAPLES, FL 34104

Title: DS () Delete
Name: CAMPBELL, TRUDY
Address: 875 NEW WATERFORD DR. #101
City-St-Zip: NAPLES, FL 334101

Title: D () Delete
Name: STIRPE, LOU
Address: 915 NEW WATERFORD DR #102
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DST (X) Change () Addition
Name: LACROIX, ORIE
Address: 945 NEW WATERFORD DR. #102
City-St-Zip: NAPLES, FL 34104

Title: D (X) Change () Addition
Name: SALERNO, GERI
Address: 915 NEW WATERFORD DR. #202
City-St-Zip: NAPLES, FL 34104

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

Title: DVP (X) Change () Addition
Name: CAMPBELL, TRUDY
Address: 875 NEW WATERFORD DR. #101
City-St-Zip: NAPLES, FL 334101

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 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: JUDY EASLEY

DP

04/28/2006

Electronic Signature of Signing Officer or Director

Date