


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2006 DEC -4 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N42708					
1. Entity Name WATERFORD CONDOMINIUM ASSOCIATION OF COLLIER COUNTY, INC.					
Principal Place of Business P O BOX 110339 NAPLES, FL 34108 US			Mailing Address P O BOX 110339 NAPLES, FL 34108 US		
2. Principal Place of Business ANCHOR ASSOCIATES Suite, Apt. #, etc. 3940 RADIO RD SUITE 111 City & State NAPLES FL Zip 34104 Country USA		3. Mailing Address 3940 RADIO RD Suite, Apt. #, etc. SUITE 111 City & State NAPLES FL Zip 34104 Country USA		11232006 Chg-NP CR2E037 (4/06)	
4. FEI Number 65-0309469				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 KUETER, BEVERLY 4306 ARNOLD AVENUE NAPLES, FL 34104			7. Name and Address of New Registered Agent Name ANCHOR ASSOCIATES INC Street Address (P.O. Box Number is Not Acceptable) 3940 RADIO RD SUITE 111 City NAPLES FL Zip Code 34104		
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 SHIRLEY HINGSTON C.E.O. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Amended AR is \$61.25		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	DP EASLEY, JUDY 850 NEW WATERFORD DR. #203 NAPLES, FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100082264571 12/04/06--01063--003 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LACROIX, ORIE 945 NEW WATERFORD DR. #102 NAPLES, FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALERNO, GERI 915 NEW WATERFORD DR. #202 NAPLES, FL 34104 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FINLEY JACK 905 NEW WATERFORD DR #201 NAPLES FL 34104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KILLELEA, PETER 875 NEW WATERFORD DR. #204 NAPLES, FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CAMPBELL, TRUDY 875 NEW WATERFORD DR. #101 NAPLES, FL 334101 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STIRPE, LOU 915 NEW WATERFORD DR #102 NAPLES, FL 34104 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPAZZI JIM 835 NEW WATERFORD DR #103 NAPLES FL 34104 <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: JUDY EASLEY DP 11/29/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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