


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 21, 2006 8:00 am**  
**Secretary of State**

07-21-2006 90029 019 \*\*\*\*61.25

<b>DOCUMENT # N43358</b> 1. Entity Name <b>WATERFORD HOMEOWNERS ASSOCIATION OF LAKELAND, INC.</b>					
Principal Place of Business <b>5018 GREENBROOK LANE LAKELAND, FL 33811</b>			Mailing Address <b>P.O. BOX 5284 LAKE LAND, FL 33807-5284</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number <b>59-3178191</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ELLIOT, KAY F 5018 GREENBROOK LANE LAKELAND, FL 33811</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRASSE, BARBARA <input checked="" type="checkbox"/> Delete 3632 LISMORE DRIVE LAKELAND, FL 33803				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURNER, ROONEY <input type="checkbox"/> Delete 3544 ASHLING DRIVE LAKELAND, FL 33803				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHUCHT, BARBARA <input type="checkbox"/> Delete 3581 ASHLING DRIVE LAKELAND, FL 33803				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMIC, WENDY <input type="checkbox"/> Delete 3534 LISMORE DRIVE LAKELAND, FL 33803				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEIDEGGER, JIM <input type="checkbox"/> Delete 3637 ASHLING DR. LAKELAND, FL 33803				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, MIKE <input type="checkbox"/> Delete 3447 ASHLING DR. LAKELAND, FL 33803				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Turner, Rodney 3544 Ashling Dr Lakeland FL 33803				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Long, Ken 3544 Ashling Dr Lakeland, FL 33803				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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.					
<b>SIGNATURE:</b> <i>Barbara E. Schuch</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

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