


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90007 028 \*\*\*\*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>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01082008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-3178191</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ELLIOT, KAY F 5018 GREENBROOK LANE LAKELAND, FL 33811		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO LONG, HAN <input type="checkbox"/> Delete 3554 ASHLING DR LAKELAND, FL 33803	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Long, Ken <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3554 Ashling Dr Lakeland, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHUCHT, LARRY <input type="checkbox"/> Delete 3581 ASHLING SR LAKELAND, FL 33803	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Greer, Jill <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3625 Ashling Dr Lakeland, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHUCHT, BARBARA <input checked="" type="checkbox"/> Delete 3581 ASHLING DRIVE LAKELAND, FL 33803	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Dearing, Gerald <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3519 Lismore Dr 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	DP Knauf, J R <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3627 Lismore Dr Lakeland, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNAUF, JR <input type="checkbox"/> Delete 3627 LISMORE DR LAKELAND, FL 33803	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Smith, Jayna <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3643 Ashling Dr Lakeland, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMIREZ, CAROL <input checked="" type="checkbox"/> Delete 3578 ASHLING DR LAKELAND, FL 33803	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steinmetz, Daniel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3600 Ashling Dr Lakeland, FL 33803

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #