

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90017 010 \*\*\*\*61.25

**DOCUMENT # N46986**

1. Entity Name

**WATERFORD PARK OWNERS ASSOCIATION, INC.**



Principal Place of Business

**4400 N W 36TH AVE  
GAINESVILLE FL 32606  
US**

Mailing Address

**4400 N W 36TH AVE  
GAINESVILLE FL 32606  
US**



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

1st MOORE

CR2E037 (10/06)

4. FEI Number

**59-3110007**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MANAGEMENT SPECIALISTS  
4400 NW 36TH AVENUE  
GAINESVILLE FL 32606**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: P ☐ Delete  
NAME: WITT, DR. WILLIAM  
STREET ADDRESS: 5622 NW 43RD ST.  
CITY-STATE-ZIP: GAINESVILLE FL 32653

TITLE: S/T ☒ Delete  
NAME: BOSSLARDT, CAROL  
STREET ADDRESS: 5542 NW 43RD ST  
CITY-STATE-ZIP: GAINESVILLE FL 32653

TITLE: D ☒ Delete  
NAME: CARPENTER, LONZ  
STREET ADDRESS: 5608 NW 43RD ST  
CITY-STATE-ZIP: GAINESVILLE FL 32653

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D-T ☐ Change ☒ Addition  
NAME: Aaron Bosshardt  
STREET ADDRESS: 5542 NW 43 St reet  
CITY-STATE-ZIP: Gainesville FL 32653

TITLE: D-SVP ☒ Change ☐ Addition  
NAME: RON CARPENTER  
STREET ADDRESS: 5608 NW 43rd Street  
CITY-STATE-ZIP: Gainesville FL 32653

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 persons empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM WITT, PRES 3.7.07

Date

Daytime Phone #

352-373-7800