


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90027 026 \*\*\*\*61.25

<b>DOCUMENT # N46986</b>	
1. Entity Name <b>WATERFORD PARK OWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>4400 N W 36TH AVE GAINESVILLE, FL 32606 US</b>	Mailing Address <b>4400 N W 36TH AVE GAINESVILLE, FL 32606 US</b>
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2. Principal Place of Business - No P.O. Box # <b>500 NW 43rd St</b>	3. Mailing Address <b>500 NW 43rd Street</b>
Suite, Apt. #, etc. <b>Suite 3</b>	Suite, Apt. #, etc. <b>Suite 3</b>
City & State <b>Gainesville FL</b>	City & State <b>Gainesville FL</b>
Zip <b>32607</b>	Zip <b>32607</b>
Country <b>USA</b>	Country <b>USA</b>

40077004



01082008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent <b>MANAGEMENT SPECIALISTS 4400 NW 36TH AVENUE GAINESVILLE, FL 32606</b>	7. Name and Address of New Registered Agent <b>Cornerstone Property Solutions of N. Central FL 500 NW 43rd Street Suite 3 Gainesville FL 32607</b>
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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 E. Hauffer Pres Eugene Hauffer 4-22-08  
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 May Be Added to Fees</b>	<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	P WITT, DR. WILLIAM 5622 NW 43RD ST. GAINESVILLE, FL 32653 <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	DT BOSSHARDT, AARON 5542 NW 43RD ST GAINESVILLE, FL 32653 <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	DSVP CARPENTER, RON 5608 NW 43RD ST GAINESVILLE, FL 32653 <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	<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	<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	<input type="checkbox"/> Delete	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.

**SIGNATURE:** Eugene Hauffer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #