## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Apr 03, 2006 8:00 am Secretary of State DOCUMENT # N93000003155 1. Entity Name 04-03-2006 90399 039 \*\*\*\*61.25 THE VILLAS AT WATERFORD COURT HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address <del>2414 WATERFORD C</del>T 2414 WATERFORD CT PALMETTO FL 34221 PALMETTO FL 34221 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State 4. FEI Number Applied For City & State 65-0445626 Not Applicable \$8.75-Additional Ζip Country Zip -5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent SOYK DOLORES Street Address (P.O. Box Number is Not Acceptable) PALMÉTTO FL-S eRton City 8. The above named entity submits this statement for the purpose of changing its registered office or regist ered agent both, in the State of Florida. Lam familiar with. the obligations of registered agent SIGNATURE/ (NOTE Registered / FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Pavable to LE NOW: TELL Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11. Change ☐ Addition ☐ Delete FITLE OGHS, GORDON NAME NAME 2505 WATERFORD COURT STREET ADDRESS STREET ADDRESS PALMETTO FL 34221 CITY-ST-ZIP CITY-ST-ZIP Delele D۷ Addition TITLE TITLE DOSMANN, CHARLES NAME NAME 2413 WATERFORD CT STREET ADDRESS STREET ADDRESS PALMETTO FL 34221 CITY-ST-7IP CITY-ST-ZIP ☐ Addition DS □ Delete TITLE ALLARD, POLLY NAME NAME STREET ADDRESS 2403 WATERFORD CT. STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP PALMETTO FL Delete ☐ Addition TITLE SOYK, DOLORES NAME STREET ADDRESS 2414 WATERFORD CT STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PALMETTO FL TITLE Defete GARD, JIM NAME NAME 2418 WATERFORD COURT STREET ADDRESS STREET ADDRESS PALMETTO FL 34221 CITY-ST-ZIP CITY-ST-ZIP BILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 supplieriental 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 a other like empowered.

FILED