
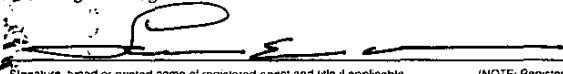
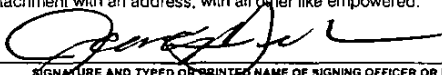


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90238 028 ****61.25

DOCUMENT # N93000003972					
1. Entity Name WATERFORD RIDGE PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 2020 CLUBHOUSE DR SUN CITY CENTER, FL 33573 US			Mailing Address 2020 CLUBHOUSE DR SUN CITY CENTER, FL 33573 US		
2. Principal Place of Business 409 E. College Ave Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1058 Suite, Apt. #, etc.			
City & State Ruskin FL		City & State Ruskin FL		4. FEI Number 59-3236769	
Zip 33570		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KUREK, CATHY 2020 CLUBHOUSE DR SUN CITY CENTER, FL 33573			7. Name and Address of New Registered Agent Name: Lou Ellen Wilson Street Address (P.O. Box Number is Not Acceptable): 409 E. College Ave City: Ruskin FL Zip Code: 33570		
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:  DATE: _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENKEN, JAMES E 2130 PLATINUM DR SUN CITY CENTER, FL 33573	<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	VPD MAY, RICHARD 2111 PLATINUM DR SUN CITY CENTER, FL 33573	<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	STD FERGUSON, CHET 2130 PLATINUM DR. SUN CITY CENTER, FL 33573	<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: 				Date: 3/16/06 Daytime Phone #	
JAMES BENKEN					

40034331



01042006 Chg-NP CR2E037 (11/05)