


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90112 031 \*\*\*\*61.25

<b>DOCUMENT # N93000005590</b>					
<b>1. Entity Name</b> WATERFORD/DEVONSHIRE RECREATIONAL ASSOCIATION, INC.					
<b>Principal Place of Business</b> ALLIANT PROPERTY MGMT. 6719 WINKLER RD. SUITE 200 FORT MYERS, FL 33919 US			<b>Mailing Address</b> ALLIANT PROPERTY MGMT. 6719 WINKLER RD. SUITE 200 FORT MYERS, FL 33919 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>		02072008    Chg-NP    CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>4. FEI Number</b> 65-0460319	
City & State		City & State		<b>Applied For</b> Not Applicable	
Zip	Country	Zip	Country	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ALLIANT PROPERTY MGMT. 6719 WINKLER RD. SUITE 200 FORT MYERS, FL 33919			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> DT	<b>NAME</b> PEREZ, ARNULFO	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> PD Joyce Schullis	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	11431 Waterford Village Dr Ft Myers, FL 33919
<b>STREET ADDRESS</b> 12761 DEVINSHIRE LAKES CIR	FORT MYERS, FL 33913		<b>STREET ADDRESS</b>	11416 Waterford Village Dr #416 Ft Myers, FL 33919	
<b>CITY-ST-ZIP</b>	FORT MYERS, FL 33913		<b>CITY-ST-ZIP</b>	Ft Myers, FL 33919	
<b>TITLE</b> SD	<b>NAME</b> KILPATRICK, DON	<input type="checkbox"/> Delete	<b>TITLE</b> D Harold Ruth	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	11416 Waterford Village Dr #416 Ft Myers, FL 33919
<b>STREET ADDRESS</b> 12854 DEVONSHIRE LAKES CIR	FORT MYERS, FL 33913		<b>STREET ADDRESS</b>	11402 Waterford Village Dr Ft Myers, FL 33919	
<b>CITY-ST-ZIP</b>	FORT MYERS, FL 33913		<b>CITY-ST-ZIP</b>	Ft Myers, FL 33919	
<b>TITLE</b> VD	<b>NAME</b> RUTH, HAROLD	<input type="checkbox"/> Delete	<b>TITLE</b> TD Gary Brown	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	12867 Devonshire Lakes Cir Ft Myers, FL 33913
<b>STREET ADDRESS</b> 11416 WATERFORD VILLAGE DR	FORT MYERS, FL 33913		<b>STREET ADDRESS</b>	12867 Devonshire Lakes Cir Ft Myers, FL 33913	
<b>CITY-ST-ZIP</b>	FORT MYERS, FL 33913		<b>CITY-ST-ZIP</b>	Ft Myers, FL 33913	
<b>TITLE</b> DT	<b>NAME</b> PEREZ, ARNULFO	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> PD Joyce Schullis	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	11431 Waterford Village Dr Ft Myers, FL 33919
<b>STREET ADDRESS</b> 12761 DEVINSHIRE LAKES CIR	FORT MYERS, FL 33913		<b>STREET ADDRESS</b>	11416 Waterford Village Dr #416 Ft Myers, FL 33919	
<b>CITY-ST-ZIP</b>	FORT MYERS, FL 33913		<b>CITY-ST-ZIP</b>	Ft Myers, FL 33919	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Joyce Schullis, President</u> 4-11-08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #					