

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005590

FILED
Apr 05, 2011
Secretary of State

Entity Name: WATERFORD/DEVONSHIRE RECREATIONAL ASSOCIATION, INC.

Current Principal Place of Business:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD, SUITE 200
FORT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD, SUITE 200
FORT MYERS, FL 33919 US

New Mailing Address:

FEI Number: 65-0460319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD
SUITE 200
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: WINGARD, PAUL
Address: 11395 WATERFORD VILLAGE DR.
City-St-Zip: FORT MYERS, FL 33913

Title: VP
Name: GOLDENBERG, ROCHELLE
Address: 12878 DEVONSHIRE LAKES CIR.
City-St-Zip: FORT MYERS, FL 33913

Title: SD
Name: NEU, PEGGY
Address: 11402 WATERFORD VILLAGE DR.
City-St-Zip: FORT MYERS, FL 33913

Title: D
Name: KILPATRICK, DON
Address: 12854 DEVONSHIRE LAKES CIR.
City-St-Zip: FT. MYERS, FL 33913

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL WINGARD

PD

04/05/2011

Electronic Signature of Signing Officer or Director

Date