

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90034 027 ****61.25

DOCUMENT # N93000005694

1. Entity Name

WATERFORD PLACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**6939 N WICKHAM RD
MELBOURNE FL 32940
US**

Mailing Address
**6939 N WICKHAM RD
MELBOURNE FL 32940
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3216426

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEWART, FRANCES M
6939 N WICKHAM RD
MELBOURNE FL 32901**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature is required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ANGELL, EDGAR	
STREET ADDRESS	935 FOSTORIA DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32940	

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ROGAN, ROBERT	
STREET ADDRESS	1024 LENNOX WAY	
CITY-ST-ZIP	MELBOURNE FL 32940	

TITLE	D	<input type="checkbox"/> Delete
NAME	FITZGERALD, SUSAN	
STREET ADDRESS	900 FOSTORIA DR	
CITY-ST-ZIP	MELBOURNE FL 32940	

TITLE	SD	<input type="checkbox"/> Delete
NAME	CATALINES, CHRISTINE	
STREET ADDRESS	924 FOSTORIA DR	
CITY-ST-ZIP	MELBOURNE FL 32940	

TITLE	VD	<input type="checkbox"/> Delete
NAME	CONROY, EDWARD	
STREET ADDRESS	904 FOSTORIA DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32940	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSAN M. FITZGERALD	
STREET ADDRESS	900 FOSTORIA DR.	
CITY-ST-ZIP	MELBOURNE, FL 32940	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS R. WALES	
STREET ADDRESS	1010 ARIEL WAY	
CITY-ST-ZIP	MELBOURNE, FL 32940	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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:

Susan M. Fitzgerald **SUSAN M. FITZGERALD** 3/11/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

Date

Daytime Phone #