

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90243 044 ****61.25

DOCUMENT # N94000001381					
1. Entity Name WATERFORD-CAVENDISH COURT, INC.					
Principal Place of Business 13500 WORTHINGTON WAY BONITA SPRINGS, FL 34135 US			Mailing Address 13550 WORTHINGTON WAY BONITA SPRINGS, FL 34135 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0500429	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANKOWSKY, PAUL 13500 WORTHINGTON WAY BONITA SPRINGS, FL 34135				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when relisting) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE DVT NAME SWINFORD, ALAN STREET ADDRESS 28060 CAVENDISH COURT #2505 CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete		TITLE DVT NAME CASULA, ROBERT STREET ADDRESS 28072 CAVENDISH CT. #2212 CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DP NAME BARRY, FRANK STREET ADDRESS 28064 CAVENDISH COURT #2512 CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete		TITLE MAL NAME BARRY, FRANK STREET ADDRESS 28060 CAVENDISH CT. #2512 CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MAL NAME TRIMARCHI, JOE STREET ADDRESS 28080 CAVENDISH CT. #2005 CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete		TITLE DP NAME TRIMARCHI, JOE STREET ADDRESS 28080 CAVENDISH CT. #2005 CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DS NAME CHARPENTIER, KATHLEEN STREET ADDRESS 28080 CAVENDISH CT. #207 CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete		TITLE DS NAME HOWARD, GARY STREET ADDRESS 28072 CAVENDISH CT. #2210 CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE MAL NAME MARIANELLA, ROBERTA STREET ADDRESS 28060 CAVENDISH CT #2502 CITY-ST-ZIP BONITA SPRINGS, FL 34135	<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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					