

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90041 050 \*\*\*\*61.25

**DOCUMENT # N94000005732**

1. Entity Name

**WATERFORD POINTE HOMEOWNERS ASSOCIATION OF  
BREVARD, INC.**



Principal Place of Business

**C/O ROBERT THOMSON  
1016 BARCLAY CT  
MELBOURNE FL 32940  
US**

Mailing Address

**6939 N. WICKHAM RD  
MELBOURNE FL 32940  
US**

2. Principal Place of Business - No P.O. Box #  
**1028 WIMBLEDON DR.**

3. Mailing Address

Suite, Apt. #, etc.

City & State  
**MELBOURNE FL.**

City & State

Zip  
**32940**

Country  
**U.S.**

Zip

Country

4. FEI Number  
**59-3289665**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

1st MOORE CR2E037 (10/06)



6. Name and Address of Current Registered Agent

**STEWART, FRANCIS  
6939 N. WICKHAM RD  
MELBOURNE FL 32940**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VPD  
IRWIN, VIRGINIA  
1028 WIMBLEDON DR  
MELBOURNE FL 32940 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
LONGLEY, SAMUEL  
1012 WIMBLEDON DR.  
MELBOURNE FL 32940 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VPD  
KING, DON  
948 WIMBLEDON DR  
MELBOURNE FL 32940 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
MANGOLD, EDWARD  
912 WIMBLEDON DR.  
MELBOURNE FL 32940 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TD  
HERON, GERALD  
1032 WIMBLEDON DR.  
MELBOURNE FL 32940 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PRESIDENT** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VICE PRESIDENT  
SCHWINDT, ALICE  
1052 WIMBLEDON DR.  
MELBOURNE FL 32940** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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: Virginia Heron**

**01-25-07 321-253-3650**