

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

FILED
Mar 20, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000005732

1. Entity Name

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



Principal Place of Business

**1028 WIMBLEDON DR
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

4. FEI Number

59-3289665

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/07)

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

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

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

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

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **SCHWINDT, ALICE**
CITY-ST-ZIP **1052 WIMBLEDON DR
MELBOURNE FL 32940**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **000000864875**
CITY-ST-ZIP **04/07/08-80005-004 61.25**

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

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TITLE ☐ Change ☐ 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:

Gerald Heron

3-6-08