

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90032 018 ****61.25

DOCUMENT # N95000003989					
1. Entity Name WATERFORDE AT HUNTER'S GREEN NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 18107 PRINCESS POINT CIRCLE TAMPA, FL 33647 US			Mailing Address PO BOX 48855 TAMPA, FL 33647-0124 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>P.O. Box 48855</i>		03052008 Chg-NP CR2E037 (12/06)	
City & State		City & State <i>Tampa, FL</i>		4. FEI Number 59-3349563	
Zip		Country <i>33646 USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LUSK, BARBARA A 18107 PRINCESS POINT CIRCLE TAMPA, FL 33647			Name <i>Mezer, Steven</i> Street Address (P.O. Box Number is Not Acceptable) <i>1801 N. Highland Avenue</i> City <i>Tampa, FL</i> Zip Code <i>33602</i>		
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 reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE STD NAME JENSEN, PATRICIA STREET ADDRESS 9301 HUNTERS PARK WAY CITY-ST-ZIP TAMPA, FL 33647	<input type="checkbox"/> Delete		TITLE TD NAME Jensen, Patricia STREET ADDRESS 9301 Hunters Park Way CITY-ST-ZIP Tampa, FL 33647	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME AMOR, PAUL STREET ADDRESS 18104 HAMDEN PARK WAY CITY-ST-ZIP TAMPA, FL 33647	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME THIELE, TERESA STREET ADDRESS 18103 HAMDEN PARK WAY CITY-ST-ZIP TAMPA, FL 33647	<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 SD NAME Elkins, Mark STREET ADDRESS 18112 Ashton Park Way CITY-ST-ZIP Tampa, FL 33647	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME Zovko, Barbara STREET ADDRESS 9516 Huntington Park Way CITY-ST-ZIP Tampa, FL 33647	<input type="checkbox"/> Change <input checked="" 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: <i>Theresa Thiele</i> Theresa Thiele, H&A President 3/20/08 (813)477-4122					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					