

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000314

FILED  
Mar 26, 2008  
Secretary of State

**Entity Name:** WATERFORD AT LEXINGTON CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

16257 WILLOWCREST WAY  
FORT MYERS, FL 33908 US

**New Principal Place of Business:**

**Current Mailing Address:**

16257 WILLOWCREST WAY  
FORT MYERS, FL 33908 US

**New Mailing Address:**

**FEI Number:** 65-0630161

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUFF, BETH  
LEXINGTON COMMUNITY ASSOC.  
16257 WILLOWCREST WAY  
FORT MYERS, FL 33908 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WYRICH, CHARLES  
Address: 16257 WILLOWCREST WAY  
City-St-Zip: FORT MYERS, FL 33908

Title: D ( ) Delete  
Name: LATIMER, CLARENCE  
Address: 16257 WILLOWCREST WAY  
City-St-Zip: FORT MYERS, FL 33908

Title: TD ( ) Delete  
Name: FAIRLEY, SHIRLEY  
Address: 16257 WILLOW RESTWAY  
City-St-Zip: WEST PALM BEACH, FL 33403

Title: D ( ) Delete  
Name: KAPERNICK, PETER  
Address: 16257 WILLOW RESTWAY  
City-St-Zip: WEST PALM BEACH, FL 33403

Title: S ( ) Delete  
Name: WATERMAN, BOB  
Address: 16257 WILLOWCREST WAY  
City-St-Zip: FORT MYERS, FL 33908

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: FAIRLEY, SHIRLEY  
Address: 16257 WILLOW RESTWAY  
City-St-Zip: WEST PALM BEACH, FL 33403

Title: VP (X) Change ( ) Addition  
Name: KAPERNICK, PETER  
Address: 16257 WILLOW RESTWAY  
City-St-Zip: WEST PALM BEACH, FL 33403

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB WATERMAN

S

03/26/2008

Electronic Signature of Signing Officer or Director

Date