# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 26, 2009**
**Secretary of State**

DOCUMENT# N96000000314

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

Title: VP ( ) 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: D (X) Change ( ) Addition
Name: WYRICH, CHARLES
Address: 16257 WILLOWCREST WAY
City-St-Zip: FORT MYERS, FL 33908

Title: P (X) Change ( ) Addition
Name: LATIMER, CLARENCE
Address: 16257 WILLOWCREST WAY
City-St-Zip: FORT MYERS, FL 33908

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

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

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: LESLIE F. KING CTRL 03/26/2009
Electronic Signature of Signing Officer or Director — Date