

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90181 021 ****61.25

DOCUMENT # N96000006602

1. Entity Name
**WATERFORD AT LAKEVIEW VILLAGE HOMEOWNER'S
ASSOCIATION, INC.**



Principal Place of Business
**7001 TEMPLE TERRACE HWY
TAMPA, FL 33637**

Mailing Address
**7001 TEMPLE TERRACE HWY
TAMPA, FL 33637**

40082082



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3493666

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUARTE, ANTONIO
6221 LAND O LAKES BLVD.
LAND O LAKES, FL 34639**

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

**Filing 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
**P
KISTLER, SETH
1204 VINETREE DR
BRANDON, FL 33510** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
KATREIN, KEITH
2002 RAINN DANCE PLACE
BRANDON, FL 33510** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
JONES, ROSEMARY
1260 VINETREE DR
BRANDON, FL 33510** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Seth C Kistler Seth Kistler

DATE

DAYTIME PHONE #

4/19/07 813-980-1000