

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005266

FILED
Aug 18, 2005
Secretary of State

Entity Name: WATERFORD LANDING HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

565 SUMMERWOOD DR.
CLERMONT, FL 34711

New Principal Place of Business:

556 SUMMERWOOD DR.
MINNEOLA, FL 34715

Current Mailing Address:

PO BOX 1156
MINNEOLA, FL 34755

New Mailing Address:

FEI Number: 59-3503021 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STURRUP, SCOTT
565 SUMMERWOOD DR.
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

THOMSON, J ROSS
556 SUMMERWOOD DR.
MINNEOLA, FL 34715 US

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: J ROSS THOMSON

08/18/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DRAWDY, DENNIS
Address: 470 WATERWOOD CT.
City-St-Zip: CLERMONT, FL 34711

Title: P () Delete
Name: STURRUP, SCOTT
Address: 565 SUMMERWOOD DR.
City-St-Zip: CLERMONT, FL 34711

Title: S () Delete
Name: THOMSON, KIMBERLY
Address: 556 SUMMERWOOD DR.
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: THOMSON, J. ROSS
Address: 556 SUMMERWOOD DR.
City-St-Zip: CLERMONT, FL 34711

Title: VP () Delete
Name: MAERZ, JAMES
Address: 541 BROOKSIDE CT
City-St-Zip: CLERMONT, FL 34711

Title: T () Delete
Name: CARDWELL, CHERISE
Address: 562 SUMMERWOOD DR.
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: THOMSON, J ROSS
Address: 556 SUMMERWOOD DR.
City-St-Zip: MINNEOLA, FL 34715

Title: S (X) Change () Addition
Name: EYERLY, KIMBERLY
Address: 562 SUMMERWOOD DR.
City-St-Zip: MINNEOLA, FL 34715

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

Title: VP (X) Change () Addition
Name: DRAWDY, KRISTY
Address: 541 BROOKSIDE CT
City-St-Zip: CLERMONT, FL 34711

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: J ROSS THOMSON

PRES

08/18/2005

Electronic Signature of Signing Officer or Director

Date