2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2006
Secretary of State

DOCUMENT# N97000005266

Entity Name: WATERFORD LANDING HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

556 SUMMERWOOD DR.
MINNEOLA, FL 34715

New Principal Place of Business:

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 ( )**

Name and Address of Current Registered Agent:

THOMSON, J ROSS
556 SUMMERWOOD DR.
MINNEOLA, FL 34715 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:	D	( ) Delete
Name:	DRAWDY, DENNIS	
Address:	470 WATERWOOD CT.	
City-St-Zip:	CLERMONT, FL 34711	
Title:	P	( ) Delete
Name:	THOMSON, J ROSS	
Address:	556 SUMMERWOOD DR.	
City-St-Zip:	MINNEOLA, FL 34715	
Title:	S	( ) Delete
Name:	EYERLY, KIMBERLY	
Address:	562 SUMMERWOOD DR.	
City-St-Zip:	MINNEOLA, FL 34715	
Title:	D	( ) Delete
Name:	THOMSON, J. ROSS	
Address:	556 SUMMERWOOD DR.	
City-St-Zip:	CLERMONT, FL 34711	
Title:	VP	( ) Delete
Name:	DRAWDY, KRISTY	
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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	CARDWELL, CHERISE	
Address:	572 SUMMERWOOD DR.	
City-St-Zip:	CLERMONT, FL 34711	

I hereby certify that the information supplied with this filing does not qualify for the 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: KIMBERLY EYERLY S 03/18/2006

Electronic Signature of Signing Officer or Director — Date