

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000001367**

1. Entity Name  
**WATERFORD PLACE OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**1001 EAST ATLANTIC AVE., STE 202  
DELRAY BEACH, FL 33483**

Mailing Address  
**1000 MARKET STREET  
SUITE 300  
PORTSMOUTH, NH 03801**



01212008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1091970**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CRITCHFIELD, RICHARD H  
1100 LINTON BLVD.  
SUITE C-4  
DELRAY BEACH, FL 33444**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee Is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**000000915601  
05/09/08-80019-016 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME WALSH, MARK  
STREET ADDRESS 1001 EAST ATLANTIC AVE., STE 202  
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE VSTD  
NAME WALSH, MICHAEL  
STREET ADDRESS 1001 EAST ATLANTIC AVE., STE 202  
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE VD  
NAME MCMURRAIN, THOMAS T  
STREET ADDRESS 1001 EAST ATLANTIC AVE., STE 202  
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE D  
NAME WALSH, WILLIAM  
STREET ADDRESS 1000 MARKET STREET, STE 300  
CITY-ST-ZIP PORTSMOUTH, NH 03801

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

*William Walsh* William Walsh

Date

11/30/08

Daytime Phone #

(603) 559-2100