

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 25, 2007
Secretary of State**

DOCUMENT# N98000002433

Entity Name: WATERFORD LAKES PARCEL 9 PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

BOYLE MANAGEMENT
235
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

BOYLE MANAGEMENT SERVICES
498 PALM SPRINGS DRIVE #235
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 59-3455671 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BOYLE, JAMES
498 PALM SPRINGS DRIVE, STE 235
ALTAMONTE SPRINGS, FL 32701 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: PD (X) Delete
Name: SHEELER, LAWRENCE M
Address: 1813 N. DEAN RD., #103
City-St-Zip: ORLANDO, FL 32817

Title: SD (X) Delete
Name: GILMORE, KAREN
Address: 1813 N. DEAN RD. 103
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: BOURES, JAMES
Address: 1813 N. DEAN RD, 103
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DP (X) Change () Addition
Name: BOURES, JAMES
Address: 498 PALM SPRINGS DR 270
City-St-Zip: ALTAMONTE SPRING, FL 32701

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: JIM BOURSE

PRES

01/25/2007

Electronic Signature of Signing Officer or Director

_____ Date