
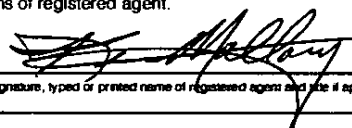
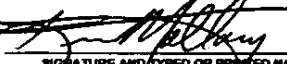


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90176 046 ****61.25

DOCUMENT # N98000005444 1. Entity Name WATERFORD ESTATES OWNERS ASSOCIATION, INC.					
Principal Place of Business 565 ROUGH LEAF LN MARY ESTHER, FL 32569			Mailing Address PO BOX 385 MARY ESTHER, FL 32569		
2. Principal Place of Business - No P.O. Box # 571 Rough Leaf LN		3. Mailing Address Suite, Apt. #, etc.			
City & State MARY ESTHER, FL		City & State			
Zip 32569	Country USA	Zip	Country		
6. Name and Address of Current Registered Agent MILONAS, MICHAEL J 565 ROUGH LEAF LN MARY ESTHER, FL 32569			7. Name and Address of New Registered Agent Name KEN MALLORY Street Address (P.O. Box Number is Not Acceptable) 571 ROUGH LEAF LN City MARY ESTHER FL Zip Code 32569		
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:  KEN Mallory, President 3/31/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILONAS, MICHAEL J <input type="checkbox"/> Delete 565 ROUGH LEAF LN MARY ESTHER, FL 32569		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KEN MALLORY 571 ROUGH LEAF LN MARY ESTHER FL 32569	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete BISEINERE, MICHAEL P 558 ROUGH LEAF LN MARY ESTHER, FL 32569		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GAYLE VANN 380 PRISTINE WATERS LN MARY ESTHER FL 32569	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Delete THIELEN, LAWRENCE P 553 ROUGH LEAF LN MARY ESTHER, FL 32569		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CHRIS HANSON 416 PRISTINE WATERS LN MARY ESTHER FL 32569	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RUSS WILLS 568 ROUGH LEAF LN MARY ESTHER FL 32569	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  Ken Mallory, President Mar 31, 2007 850 865-6012 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					