

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90174 017 ****70.00

DOCUMENT # N99000002839					
1. Entity Name WATERFORD ESTATES AT HERON BAY ASSOCIATION, INC.					
Principal Place of Business 11575 HERON BAY BLVD SUITE 303 CORAL SPRINGS, FL 33076			Mailing Address 11575 HERON BAY BLVD SUITE 303 CORAL SPRINGS, FL 33076		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0918426	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NYQUIST, JAMES 11575 HERON BAY BLVD. CORAL SPRINGS, FL 33076			No The Law Offices of Katzman & Korr, P.A. 1501 Northwest 49 th Street, Suite 202 Fort Lauderdale, Florida 33309 Zip Code		
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: <u>Ferren L. Korr Esq. 5/3/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <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 S NAME LAZAR, MARGOT STREET ADDRESS 12587 NW 68 DR CITY-ST-ZIP POMPANO BEACH, FL 33076	<input checked="" type="checkbox"/> Delete		TITLE (Secretary) NAME Shindler, Hugh STREET ADDRESS 6903 N.W. 126 Ave CITY-ST-ZIP Parkland, FL 33076	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME VERGER, VALERIE STREET ADDRESS 6893 NW 126 AVE CITY-ST-ZIP POMPANO BEACH, FL 33076	<input type="checkbox"/> Delete		TITLE (President) NAME Valerie Vergier STREET ADDRESS 6893 N.W. 126 Ave CITY-ST-ZIP Parkland, FL 33076	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME TERWILLIGER, GERALD STREET ADDRESS 6894 NW 126 AVE CITY-ST-ZIP POMPANO BEACH, FL 33076	<input checked="" type="checkbox"/> Delete		TITLE NAME Mark Levine STREET ADDRESS 12697 N.W. 68 Drive CITY-ST-ZIP Parkland, FL (Treasurer)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME SHINDLER, HUGH STREET ADDRESS 6903 NW 126 AVE CITY-ST-ZIP POMPANO BEACH, FL 33076	<input type="checkbox"/> Delete		TITLE NAME Everard Lee STREET ADDRESS 12602 NW 68 DR. CITY-ST-ZIP Parkland, FL 33076 (Vice Pres)	<input type="checkbox"/> Change <input checked="" 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	
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 exemption stated in Section 119.07(3)(l), 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: <u>James Nyquist</u> <u>5/3/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					