

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90228 021 ***150.00

DOCUMENT # P00000056034

1. Entity Name

WATERFORD MANAGEMENT, INC.



Principal Place of Business

**COLLIER CENTER BUILDING
1061 COLLIER CENTER WAY
NAPLES, FL 34110 US**

Mailing Address

**COLLIER CENTER BUILDING
1061 COLLIER CENTER WAY
NAPLES, FL 34110 US**

50052480



04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3671200

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LESTER, DON E
COLLIER CENTER BUILDING
1061 COLLIER CENTER WAY
NAPLES, FL 34110**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LESTER, DONALD E
STREET ADDRESS 1061 COLLIER CENTER WAY
CITY-ST-ZIP NAPLES, FL 34110

TITLE VP
NAME LESTER, SUZANNE F
STREET ADDRESS 1061 COLLIER CENTER WAY
CITY-ST-ZIP NAPLES, FL 34110

TITLE VP
NAME BURLEW, KEVIN
STREET ADDRESS 1061 COLLIER CENTER WAY
CITY-ST-ZIP NAPLES, FL 34110

TITLE T
NAME LESTER, DEAN C
STREET ADDRESS 1061 COLLIER CENTER WAY
CITY-ST-ZIP NAPLES, FL 34110

TITLE D
NAME LIENEMANN, WILLIAM H
STREET ADDRESS 1061 COLLIER CENTER WAY
CITY-ST-ZIP NAPLES, FL 34110

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 exemption stated in Section 119.07(3)(i), 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 607, 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

Date

Daytime Phone #

4-25-05

239-593-1600