

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000111507

1. Entity Name
WATERFORD LAKES OF INDIAN RIVER COUNTY, INC.



Principal Place of Business
575 S WICKHAM ROAD SUITE E
W MELBOURNE, FL 32904

Mailing Address
575 S WICKHAM ROAD SUITE E
W MELBOURNE, FL 32904



07112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3711142

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CLARK, COY A
575 S WICKHAM ROAD
STE E
MELBOURNE, FL 32904

**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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PST
CLARK, COY A
575 S WICKHAM ROAD SUITE E
W MELBOURNE, FL 32904

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U000000573976
08/09/06-80006-004 150.00

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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 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:

Coy A. Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/06
Date

321-723-9888
Daytime Phone #