

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000052733

**FILED**  
**Apr 29, 2009**  
**Secretary of State**

**Entity Name:** WATERFORD AT MAGNOLIA PARK, INC.

**Current Principal Place of Business:**

333 SOUTH TAMiami TRAIL  
SUITE 203  
VENICE, FL 34285

**New Principal Place of Business:**

333 SOUTH TAMiami TRAIL  
SUITE 203  
VENICE, FL 34285 US

**Current Mailing Address:**

333 SOUTH TAMiami TRAIL  
SUITE 203  
VENICE, FL 34285

**New Mailing Address:**

333 SOUTH TAMiami TRAIL  
SUITE 203  
VENICE, FL 34285 US

**FEI Number:** 04-3659225

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILLER, MICHAEL W  
333 SOUTH TAMiami TRAIL, SUITE 203  
VENICE, FL 34285 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PDT ( ) Delete  
Name: MILLER, MICHAEL W  
Address: 333 SOUTH TAMiami TRAIL, SUITE 203  
City-St-Zip: VENICE, FL 34285

Title: VP ( ) Delete  
Name: MILLER, TIM  
Address: 333 SOUTH TAMiami TRAIL, SUITE 203  
City-St-Zip: VENICE, FL 34285

Title: VPS (X) Delete  
Name: PARRISH, JAYNE  
Address: 333 SOUTH TAMiami TRAIL, SUITE 203  
City-St-Zip: VENICE, FL 34285

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition  
Name: MILLER, MICHAEL W  
Address: 333 SOUTH TAMiami TRAIL, SUITE 203  
City-St-Zip: VENICE, FL 34285 US

Title: VPD (X) Change ( ) Addition  
Name: SMITH, MARC P  
Address: 333 SOUTH TAMiami TRAIL, SUITE 203  
City-St-Zip: VENICE, FL 34285 US

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

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MICHAEL W MILLER

PSD

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date