

FILED
Jun 15, 2005 8:00 am
Secretary of State

04-12-2005 90128 015 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000077485			
1. Entity Name WATERFRONT SQUARE OWNERS ASSOCIATION, INC.			
Principal Place of Business 210 E. MONUMENT AVE. KISSIMMEE, FL 34741 ST. Cloud, FL 34769		Mailing Address 210 E. MONUMENT AVE. KISSIMMEE, FL 34741 ST. Cloud, FL 34769	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip	
4. FEI Number 59-2600558		Applied For Not Applicable	
5. Certificate of Status Desired		S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DRAWDY, THERESA 210 E. MONUMENT AVE. KISSIMMEE, FL 34741		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: _____ (NOTE: Registered Agent signature required when re-registering) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP D SOVRAN, PAUL DR. 211 E. RUBY AVE. KISSIMMEE, FL 34741		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP D HENRY, ROY 211 E. RUBY AVE., Ste C. KISSIMMEE, FL 34741		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP D DRAWDY, THERESA 210 E. MONUMENT AVE. KISSIMMEE, FL 34741		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete	
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 a address, with all other like empowered.			
SIGNATURE: _____ Roy E. Henry		4/5/05 407-847-6996	

66023084



01172005 Chg-P CR2E034 (10/03)