2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90461 050 ***150.00

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1. Entity Name
WATERFRONT SQUARE OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4105 NEPTUNE ROAD SAINT CLOUD, FL 34769	4105 NEPTUNE ROAD SAINT CLOUD, FL 34769

03062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2600558
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DRAWDY, THERESA
~~210 E. MONUMENT AVE.~~
~~KISSIMMEE, FL 34741~~
4105 NEPTUNE RD
ST CLOUD, FL 34769

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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 _____ Treasurer 3/29/06
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SOVRAN, PAUL DR.
STREET ADDRESS	211 E. RUBY AVE.
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	D
NAME	HENRY, ROY
STREET ADDRESS	221 E. RUBY AVE., SUITE C
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	D
NAME	DRAWDY, THERESA
STREET ADDRESS	4105 NEPTUNE ROAD
CITY-ST-ZIP	SAINT CLOUD, FL 34769
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/10/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #