## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State DOCUMENT # P04000077485 03-05-2007 90046 035 \*\*\*150.00 WATERFRONT SQUARE OWNERS ASSOCIATION, INC. Mailing Address Principal Place of Business 40028940 4105 NEPTUNE ROAD 4105 NEPTUNE ROAD SAINT CLOUD, FL 34769 SAINT CLOUD, FL 34769 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02232007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-2600558 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DRAWDY, THERESA Street Address (P.O. Box Number is Not Acceptable) 4105 NEPTUNE ROAD SAINT CLOUD, FL 34769 Zip Code FL 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 2-28-07 SIGNATURE Signature, typod or printed name of registered a cert and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE Change TITLE ☐ Delete SOVRAN, PAUL DR. NAME NAME STREET ADDRESS 211 E. RUBY AVE. STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34741 CITY-ST-ZIP harles Draper 05W Emmett St Delete ☐ Change Addition TITLE Ð TITLE HENRY, ROY NAME NAME 221 E. RUBY AVE., SUITE C STREET ADDRESS ssimmee, FL 34741 STREET ADDRESS KISSIMMEE, FL 34741 CiTY-ST-7IP CITY-ST-ZIP Donald Hughey 221 E Ruby Avenue Delete Change Addition TITLE TITLE DRAWDY, THERESA NAME NAME STREET ADDRESS 4105 NEPTUNE ROAD STREET ADDRESS Kissimmee FL CITY-ST-ZIP CITY-ST-ZIP SAINT CLOUD, FL 34769 ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 epont 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 SIG

FILED Mar 05, 2007 8:00 am