

FROM : AAA

FAX NO. : 4078929301

Apr. 28 2008 03:34PM P1

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED****May 05, 2008 08:00 AM
Secretary of State**

DOCUMENT # P04000077485 1. Entity Name WATERFRONT SQUARE OWNERS ASSOCIATION, INC.	
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Principal Place of Business 4105 NEPTUNE ROAD SAINT CLOUD, FL 34769	Mailing Address 4105 NEPTUNE ROAD SAINT CLOUD, FL 34769
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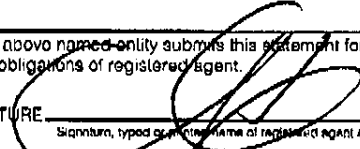
DO NOT WRITE IN THIS SPACE



04242008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2600558	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

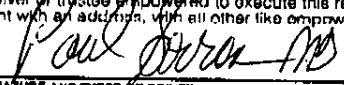
6. Name and Address of Current Registered Agent DRAWDY, THERESA 4105 NEPTUNE ROAD SAINT CLOUD, FL 34769	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE  (NOTE: Registered Agent signature required when re/submitting) DATE 4/24/08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
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	D DRAPER, CHARLES 705 W EMMETT ST KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHEY, DONALD 221 E RUBY AVENUE KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME 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 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.
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SIGNATURE:  4/28/08	DATE	Expiring Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		