

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
05 APR 27 PM 3:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P98000092850</b> 1. Entity Name <b>WATERFORD POINTE APARTMENTS, INC.</b>					
Principal Place of Business <b>800 N. HIGHLAND AVE., STE. 200 ORLANDO, FL 32803</b>			Mailing Address <b>POST OFFICE BOX 4961 ORLANDO, FL 32802-4961</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>B&amp;C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE SUITE 1100 ORLANDO, FL 32801</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	VP <b>TUTTLE, MILLS L</b> <b>800 N. HIGHLAND AVE., STE. 200</b> <b>ORLANDO, FL 32803</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAT <b>LAWLER, THOMAS P</b> <b>800 N. HIGHLAND AVE., STE. 200</b> <b>ORLANDO, FL 32803</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold;">100054120351</div> <div style="text-align: center;">05/10/05--01004--004 **150.00</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT <b>WILLNER, DAVID M</b> <b>800 N. HIGHLAND AVE., STE. 200</b> <b>ORLANDO, FL 32803</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC <b>PEISNER, ERIC</b> <b>800 N. HIGHLAND AVE., STE. 200</b> <b>ORLANDO, FL 32803</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>KROPP, STEVEN G</b> <b>800 N. HIGHLAND AVE., STE. 200</b> <b>ORLANDO, FL 32803</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS <b>CARLTON, CHARLES S</b> <b>800 N. HIGHLAND AVE., STE. 200</b> <b>ORLANDO, FL 32803</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 an address, with all other like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>Steven G. Kropp, President</b>			Date: <b>4/20/05</b> Daytime Phone #: <b>407-292-7217</b>		