

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 24, 1999 8:00 am
Secretary of State

06-24-1999 90021 020 ****61.25

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DOCUMENT # 721178

1. Corporation Name

WAVERLY TOWERS ASSOCIATION, INC.

Principal Place of Business

100 WAVERLY WAY. APT. 411
CLEARWATER FL 34616

Mailing Address

100 WAVERLY WAY. APT. 411
CLEARWATER FL 34616



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

06/17/1971

4. FEI Number

59-1522576

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FERWERDA, FREDERICK M.
100 WAVERLY WAY #411
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CLUSTER, EMMA
STREET ADDRESS 100 WAVERLY WAY #202
CITY-ST-ZIP CLEARWATER FL

TITLE VPSD ☐ DELETE

NAME BLANKENSHIP, RUTH
STREET ADDRESS 100 WAVERLY WY STE 210
CITY-ST-ZIP CLEARWATER FL

TITLE VP ☒ DELETE

NAME CORRIDORE, SALVATORE
STREET ADDRESS 100 WAVERLY WY STE 405
CITY-ST-ZIP CLEARWATER FL

TITLE AT ☒ DELETE

NAME NICKERSON, HAROLD
STREET ADDRESS 100 WAVERLY WY STE 205
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME V.P.
3.3 STREET ADDRESS POLICASTRO, DONALD
3.4 CITY-ST-ZIP 100 WAVERLY #402
CLEARWATER, FL.

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME TREA.
4.3 STREET ADDRESS FERWERDA, DIANE
4.4 CITY-ST-ZIP 100 WAVERLY WAY #105
CLEARWATER, FL.

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME AT
5.3 STREET ADDRESS HILL, SHIRLEY
5.4 CITY-ST-ZIP 100 WAVERLY WAY #406
CLEARWATER, FL.

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **DATE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date June 21/99 Daytime Phone # 813.253-6538

CR2E037 (11/98)