

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jun 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K69739 (6)  
1. Corporation Name  
Waterford Villas, Inc.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1501 WATERFORD RD, 1501 WATERFORD DR, VENICE FL 34292, US  
Mailing Address: C/O SHAWN R MCINTYRE, 1501 WATERFORD DR, VENICE FL 34292, US

2. Principal Place of Business: 21 395 Commercial Court, Suite A, Venice, FL 34292, USA  
2a. Mailing Address: 26 395 Commercial Court, Suite A, Venice, FL 34292, USA

3. Date Incorporated or Qualified: 03/02/1989  
4. FEI Number: 65-0101612  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30:  Yes  No

9. Name and Address of Current Registered Agent: MILLER, MICHAEL W., 1501 WATERFORD DR., VENICE FL 34292

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable) 395 Commercial Court, Suite A, 84 City Venice, FL 85 Zip Code 34292

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [Signature] DATE: [Blank]

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	SMITH, MARC P.	
STREET ADDRESS	1501 WATERFORD DR	
CITY-ST-ZIP	VENICE FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	PARRISH, JAYNE E	
STREET ADDRESS	1501 WATERFORD DR.	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MILLER, MICHAEL W.	
STREET ADDRESS	1501 WATERFORD DR.	
CITY-ST-ZIP	VENICE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	395 Commercial Court, Suite A
1.4 CITY-ST-ZIP	Venice, FL 34292
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	395 Commercial Court, Suite A
2.4 CITY-ST-ZIP	Venice, FL 34292
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	395 Commercial Court, SUite A
3.4 CITY-ST-ZIP	Venice, FL 34292
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Vice President/Director
4.3 STREET ADDRESS	Timothy D. Miller
4.4 CITY-ST-ZIP	395 Commercial Court, Suite A
4.4 CITY-ST-ZIP	Venice, FL 34292
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	500002572005
6.3 STREET ADDRESS	-06/25/98-10123-004
6.4 CITY-ST-ZIP	150.00

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address

SIGNATURE: [Signature]

CR2E034 (10/97)