

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L38748 (4)**

1. Corporation Name  
**WATERFORD REALTY OF VENICE, INC.**



Principal Place of Business Mailing Address  
**% BARBARA J. MOORE  
1501 WATERFORD DRIVE 1501  
VENICE FL 34292** **% BARBARA J. MOORE  
C/O SHAWN R. MCINTYRE  
VENICE FL 34292  
US**

3. Date Incorporated or Qualified **12/20/1989** 3a. Date of Last Report **04/28/1995**  
4. FEI Number **65-0167759** Applied For  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **1501 WATERFORD DR** 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27  
23 Zip Country 28 City & State  
24 25 29 30

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

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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature typed or printed name of registered agent and the filer) (Date Registered Agent signature required when applicable)

12. OFFICERS AND DIRECTORS

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | VSD                  | <input checked="" type="checkbox"/> DELETE |
| NAME           | MCINTYRE, SHAWN R.   |  |
| STREET ADDRESS | 1501 WATERFORD DRIVE |  |
| CITY-ST-ZIP    | VENICE FL            |  |
| TITLE          | V                    | <input type="checkbox"/> DELETE            |
| NAME           | PARRISH, JAYNE       |  |
| STREET ADDRESS | 1501 WATERFORD DRIVE |  |
| CITY-ST-ZIP    | VENICE FL            |  |
| TITLE          | PD                   | <input type="checkbox"/> DELETE            |
| NAME           | MILLER, MICHAEL W.   |  |
| STREET ADDRESS | 1501 WATERFORD DR    |  |
| CITY-ST-ZIP    | VENICE FL            |  |
| TITLE          | D                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | MOORE, BARNARD       |  |
| STREET ADDRESS | 1501 WATERFORD DRIVE |  |
| 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

|                   |   |
|-------------------|---|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 12 NAME           |   |
| 13 STREET ADDRESS |   |
| 14 CITY-ST-ZIP    |   |
| 21 TITLE          | <b>VDS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |   |
| 23 STREET ADDRESS |   |
| 24 CITY-ST-ZIP    |   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 32 NAME           |   |
| 33 STREET ADDRESS |   |
| 34 CITY-ST-ZIP    |   |
| 41 TITLE          | <b>400001808744</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 42 NAME           | <b>-05/06/96--01028--020</b>  |
| 43 STREET ADDRESS | <b>***200.00</b>  |
| 44 CITY-ST-ZIP    |   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 52 NAME           |   |
| 53 STREET ADDRESS |   |
| 54 CITY-ST-ZIP    |   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 62 NAME           |   |
| 63 STREET ADDRESS |   |
| 64 CITY-ST-ZIP    |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]*  
MICHAEL W. MILLER

CR2E034 (12/95)