

**NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**  
  
95 MAR 10 PM 8:24  
  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N14717 (5)**  
1. Corporation Name  
**WATERFORD PATIO HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
15010 S. WATERFORD DR. 15010 S. WATERFORD DR.  
DAVIE FL 33331 DAVIE FL 33331

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/05/1986</b>	3a. Date of Last Report <b>02/23/1994</b>
4. FEI Number <b>59-2684913</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b> SAME
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>29</b>
Country <b>25</b>	Zip <b>30</b>

**9. Name and Address of Current Registered Agent**  
  
DAVENPORT, THEODORE P  
5870 BRIGHTON LN  
DAVIE FL 33331

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	DAVENPORT, TED
STREET ADDRESS	5870 BRIGHTON LN
CITY-ST-ZIP	DAVIE FL
TITLE	VD
NAME	RUSCH, LISA
STREET ADDRESS	5860 BRIGHTON LANE
CITY-ST-ZIP	DAVIE FL
TITLE	<del>TD</del>
NAME	<del>WEBSTER, MILLIE</del>
STREET ADDRESS	<del>5910 BRISTOL LN</del>
CITY-ST-ZIP	<del>DAVIE FL</del>
TITLE	<del>SD</del>
NAME	<del>WEBSTER, CHARLES</del>
STREET ADDRESS	<del>5910 BRISTOL LANE</del>
CITY-ST-ZIP	<del>DAVIE FL</del>
TITLE	<del>D</del>
NAME	<del>MOSEY, BARBARA</del>
STREET ADDRESS	<del>5900 BRISTOL LN</del>
CITY-ST-ZIP	<del>DAVIE FL</del>
TITLE	D
NAME	HEDDAEUS, BOB
STREET ADDRESS	15011 S. WATERFORD DRIVE
CITY-ST-ZIP	DAVIE FL

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD STUMP, TAMMY
3.3 STREET ADDRESS	15131 BRIGHTON LANE
3.4 CITY-ST-ZIP	DAVIE - FL - 33331
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SD Souza, Marsha
4.3 STREET ADDRESS	14931 NEWCASTLE LANE
4.4 CITY-ST-ZIP	DAVIE - FL - 33331
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	
6.3 STREET ADDRESS	
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tammy A. Stump 2/24/95 (305)434-9056  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR  
TAMMY A. STUMP (Treasurer)