

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

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



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

3. Date Incorporated or Qualified **05/05/1986** 3a. Date of Last Report **03/10/1995**

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

4. FEI Number **59-2684913** 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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

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

**DAVENPORT, THEODORE P  
5870 BRIGHTON LN  
DAVIE FL 33331**

**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**

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

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------------------|---|---|
| TITLE                      | PD <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DAVENPORT, TED                     | 1.2 NAME  |   |
| STREET ADDRESS             | 5870 BRIGHTON LN                   | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | DAVIE FL                           | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | VD <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | RUSCH, LISA                        | 2.2 NAME  |   |
| STREET ADDRESS             | 5860 BRIGHTON LANE                 | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | DAVIE FL                           | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      | TD <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | STUMP, TAMMY                       | 3.2 NAME  |   |
| STREET ADDRESS             | 15131 BRIGHTON LANE                | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | DAVIE FL                           | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      | SD <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SOUZA, MARSHA                      | 4.2 NAME  |   |
| STREET ADDRESS             | 14931 NEWCASTLE LANE               | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | DAVIE FL                           | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      | D <input type="checkbox"/> DELETE  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HEDDAEUS, BOB                      | 5.2 NAME  |   |
| STREET ADDRESS             | 15011 S. WATERFORD DRIVE           | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | DAVIE FL                           | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE    | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 6.2 NAME  |   |
| STREET ADDRESS             |                                    | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                    | 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/27/96* *(954)434-9056*  
Date Daytime Phone #

CR2E037 (12/95)