

FILE NOW: FILING FEE IS \$61.25

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Jul 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N14917 (5)  
1. Corporation Name  
WATERFORD PATIO HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address  
15010 S. WATERFORD DR. - SAME  
DAVIE FLA. 33331

3. Date Incorporated or Qualified 05-05-1986  
3a. Date of Last Report 2-27-96  
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

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

9. Name and Address of Current Registered Agent  
~~FR~~ MIKE MORROW  
14871 NEWCASTLE LANE  
DAVIE, FLA. 33331

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]* 6-26-97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	DD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIEPORT, TED	
STREET ADDRESS	5870 BRIGHTON LN.	
CITY-ST-ZIP	DAVIE, FLA. 33331	
TITLE	V.P.	<input type="checkbox"/> DELETE
NAME	RUSH, LISA	
STREET ADDRESS	5860 BRIGHTON LANE	
CITY-ST-ZIP	DAVIE FLA. 33331	
TITLE	T.D	<input checked="" type="checkbox"/> DELETE
NAME	STUMP, TAMMY	
STREET ADDRESS	15131 BRIGHTON LANE	
CITY-ST-ZIP	DAVIE FLA 33331	
TITLE	S.O	<input type="checkbox"/> DELETE
NAME	SOUSA, MARSHA	
STREET ADDRESS	14931 NEWCASTLE LANE	
CITY-ST-ZIP	DAVIE FLA 33331	
TITLE	D.	<input type="checkbox"/> DELETE
NAME	HADDREUS, BOB	
STREET ADDRESS	15011 S. WATERFORD DRIVE	
CITY-ST-ZIP	DAVIE FLA 33331	
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	MIKE MORROW
1.3 STREET ADDRESS	14871 NEWCASTLE LANE
1.4 CITY-ST-ZIP	DAVIE FLA 33331
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	HOWARD SOLOMON
3.3 STREET ADDRESS	14900 NEWCASTLE LANE
3.4 CITY-ST-ZIP	DAVIE FLA 33331
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	700002233357
5.3 STREET ADDRESS	-07/03/97--01018--002
5.4 CITY-ST-ZIP	***61.25
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 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.

SIGNATURE: *[Signature]* 5-20-97 954-4342934  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/96)