


5-128

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N14717 (5)**

1. Corporation Name  
**WATERFORD PATIO HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>15010 S. WATERFORD DR. DAVIE FL 33331</b>	Mailing Address <b>15010 S. WATERFORD DR. DAVIE FL 33331</b>
---	---

3. Date Incorporated or Qualified <b>05/05/1986</b>	
4. FEI Number <b>59-2684913</b>	Applied For <input type="checkbox"/> Not Applicable

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

6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MORROW, MIKE  
14871 NEWCASTLE LANE  
DAVIE FL 33331**

10. Name and Address of New Registered Agent

81 Name <b>ROBERT EGAN</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>15031 S. WATERFORD DR</b>	
83 <i>Robert C Egan</i>	
84 City <b>DAVIE</b>	85 Zip Code <b>FL 33331</b>

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 *Robert C Egan* **ROBERT C EGAN** DATE **4-18-98**

(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MORROW, MIKE</b>
STREET ADDRESS	<b>14871 NEWCASTLE LANE</b>
CITY-ST-ZIP	<b>DAVIE FL 33331</b>
TITLE	<b>VO</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>RUSCH, LISA</b>
STREET ADDRESS	<b>6860 BRIGHTON LANE</b>
CITY-ST-ZIP	<b>DAVIE FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>SOLOMAN, HOWARD</b>
STREET ADDRESS	<b>14900 NEWCASTLE LANE</b>
CITY-ST-ZIP	<b>DAVIE FL 33331</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>SOUZA, MARSHA</b>
STREET ADDRESS	<b>14931 NEWCASTLE LANE</b>
CITY-ST-ZIP	<b>DAVIE FL 33331</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HEDDAEUS, BOB</b>
STREET ADDRESS	<b>15011 S. WATERFORD DRIVE</b>
CITY-ST-ZIP	<b>DAVIE FL 33331</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P. ROBERT EGAN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>15031 S. WATERFORD DR</b>
1.4 CITY-ST-ZIP	<b>DAVIE FL 33331</b>
2.1 TITLE	<b>V.O</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>TREVOR KELLY</b>
2.3 STREET ADDRESS	<b>#5891 CHESTER</b>
2.4 CITY-ST-ZIP	<b>DAVIE FL 33331</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	
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 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: *Robert C Egan* **ROBERT C EGAN** DATE: **4-18-98** **9174 434 2934**

CR2E037 (10/97)