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Feb 06, 1999 8:00am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N14717

1. Corporation Name
WATERFORD PATIO HOMEOWNERS ASSOCIATION, INC.

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	ST	26	ST	05/05/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
A		S		59-2684913	
22		27		Applied For	
City & State		City & State		Not Applicable	
23		28		5. Certificate of Status Desired	
M		FL		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
Country		Country		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
EGAN, ROBERT 15031 S WATERFORD DRIVE 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: *Robert E Egan* (NOTE: Registered Agent signature required when reinstating) DATE: 1-13-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGAN, ROBERT	1.2 NAME	
STREET ADDRESS	15031 S WATERFORD DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33831	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREVOR, KELLY	2.2 NAME	
STREET ADDRESS	5871 CHESTER	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33331	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMAN, HOWARD	3.2 NAME	
STREET ADDRESS	14900 NEWCASTLE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33331	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 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, with all other like empowered.

SIGNATURE: *HOWARD SOLOMAN* DATE: 1-13-99 DAYTIME PHONE #: 754-454-2934

CR2E037 (11/98)