

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90067 033 ****61.25

DOCUMENT # N14717

1. Entity 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 33331-3222

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2684913

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EGAN, ROBERT
15031 S WATERFORD DRIVE
DAVIE FL 33331

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Robert C Egan

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-1-00

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	EGAN, ROBERT	
STREET ADDRESS	15031 S WATERFORD DRIVE	
CITY-ST-ZIP	DAVIE FL 33331	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TREVOR, KELLY	
STREET ADDRESS	5871 CHESTER	
CITY-ST-ZIP	DAVIE FL 33331	
TITLE	T	<input type="checkbox"/> Delete
NAME	SOLOMAN, HOWARD	
STREET ADDRESS	14900 NEWCASTLE LANE	
CITY-ST-ZIP	DAVIE FL 33331	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SOUZA, MARSHA	
STREET ADDRESS	14931 NEWCASTLE LANE	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEDDAEUS, BOB	
STREET ADDRESS	15011 S. WATERFORD DRIVE	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRAVIS JRENGON	
STREET ADDRESS	15006 BRIGHTON LANE	
CITY-ST-ZIP	DAVIE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWIN FRIEDRICH	
STREET ADDRESS	15180 BRISTOL LANE	
CITY-ST-ZIP	DAVIE FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAVIS JRENGON	
STREET ADDRESS	15006 BRIGHTON LANE	
CITY-ST-ZIP	DAVIE FL	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Howard Solomon* **SIGNATURE REQUIRED** **TREASURER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)