

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2001 8:00 am
Secretary of State

03-19-2001 90068 016 ****61.25

DOCUMENT # N14717
 1. Entity Name
WATERFORD PATIO HOMEOWNERS ASSOCIATION, INC.

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

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
EGAN, ROBERT
15031 S WATERFORD DRIVE
DAVIE FL 33331

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME EGAN, ROBERT STREET ADDRESS 15031 S WATERFORD DRIVE CITY-ST-ZIP DAVIE FL 33331	<input type="checkbox"/> Delete	TITLE D NAME EGAN, ROBERT - P STREET ADDRESS 15031 S. WATERFORD DRIVE CITY-ST-ZIP DAVIE FLA. 33331	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME FREDERICK, EDWIN STREET ADDRESS 15180 BRISTOL LANE CITY-ST-ZIP DAVIE FL 33331	<input type="checkbox"/> Delete	TITLE D NAME FREDERICK, EDWIN - P. STREET ADDRESS 15180 BRISTOL LANE CITY-ST-ZIP DAVIE, FLA. 33331	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME SOLOMAN, HOWARD STREET ADDRESS 14900 NEWCASTLE LANE CITY-ST-ZIP DAVIE FL 33331	<input type="checkbox"/> Delete	TITLE D NAME HOWARD SOLOMAN, CO-REGISTRAR STREET ADDRESS 14900 NEWCASTLE LANE CITY-ST-ZIP DAVIE FLA 33331	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME SOUZA, MARSHA STREET ADDRESS 14931 NEWCASTLE LANE CITY-ST-ZIP DAVIE FL	<input checked="" type="checkbox"/> Delete	TITLE D NAME DECRANSTON, MINA - S STREET ADDRESS 15006 BRIGHTON LANE CITY-ST-ZIP DAVIE, FLA 33331	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME HEDDAEUS, BOB STREET ADDRESS 15011 S. WATERFORD DRIVE CITY-ST-ZIP DAVIE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME JENSON, TRAVIS STREET ADDRESS 15006 BRIGHTON LANE CITY-ST-ZIP DAVIE FL	<input type="checkbox"/> Delete	TITLE D NAME JACKSON, TRAVIS - V.T. STREET ADDRESS 15006 BRIGHTON LANE CITY-ST-ZIP DAVIE, FLA 33331	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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* Date: 2-15-2001 Daytime Phone #: 434-2834

CR2EG37 (10/00)