

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

0075023

**DOCUMENT # N14717**

1. Entity Name

**WATERFORD PATIO HOMEOWNERS ASSOCIATION, INC.**

03-06-2002 90108 010 \*\*\*\*61.25

Principal Place of Business <b>15010 S. WATERFORD DR. DAVIE FL 33331</b>	Mailing Address <b>15010 S. WATERFORD DR. DAVIE FL 33331</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-2684913</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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: **EDWIN FREDERICK**  
 Street Address (P.O. Box Number is Not Acceptable): **15180 BRISTOL LANE**  
 City: **DAVIE** FL Zip Code: **33331**

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: *[Signature]* **EDWIN FREDERICK** (NOTE: Registered Agent signature required when reinstating) DATE: **2-15-2002**

**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

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>EGAN, ROBERT</b>	
STREET ADDRESS	<b>15031 S WATERFORD DRIVE</b>	
CITY-ST-ZIP	<b>DAVIE FL 33331 23331</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FREDERICK, EDWIN</b>	
STREET ADDRESS	<b>15180 BRISTOL LANE</b>	
CITY-ST-ZIP	<b>DAVIE FL 33331</b>	
TITLE	<b>TD</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>DE CHRISTOPHER, MINA</b>	
STREET ADDRESS	<b>15061 BRIGHTON 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</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>JACKSON, TRAVIS</b>	
STREET ADDRESS	<b>15006 BRIGHTON LANE</b>	
CITY-ST-ZIP	<b>DAVIE FL</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EGAN, ROBERT</b>	
STREET ADDRESS	<b>15031 S. WATERFORD DRIVE</b>	
CITY-ST-ZIP	<b>DAVIE FL 33331</b>	
TITLE	<b>P.D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FREDERICK, EDWIN</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVENPORT, CLAUDIA VERCOVI</b>	
STREET ADDRESS	<b>15031 BRIGHTON LANE -15031</b>	
CITY-ST-ZIP	<b>DAVIE FL 33331</b>	
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		

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: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** DATE: **2-15-2002** DAYTIME PHONE #: **954-434-7934**