


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90022 005 ****61.25

DOCUMENT # N14717			
1. Entity Name WATERFORD PATIO HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 15010 S. WATERFORD DR. MAIL BOX ONLY DAVIE FL 33331		Mailing Address 15010 S. WATERFORD DR. MAIL BOX ONLY 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
6. Name and Address of Current Registered Agent FREDERICK, EDWIN 15180 BRISTOL LANE DAVIE FL 33331		7. Name and Address of New Registered Agent Name ANA MARIA AGROSA Street Address (P.O. Box Number is Not Acceptable) 5881 BRISTOL LANE DAVIE FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE ANA MARIA AGROSA 5881 BRISTOL LANE PRESIDENT DAVIE, FL 33331 DATE 2-23-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ANDERSON, RICHARD 15160 CRISTO AVE - BRISTOL LANE DAVIE FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO MIRELLE JOREIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5890 BRICHTON LANE DAVIE FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED <input type="checkbox"/> Delete FREDERICK, EDWIN 15180 BRISTOL LANE DAVIE FL 33331	TITLE NAME STREET ADDRESS CITY-ST-ZIP	R ROBERT EGAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 15031 S. WATERFORD P. DAVIE, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete SOLOMAN, HOWARD 14900 NEWCASTLE LANE DAVIE FL 33331	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete HAWLEY, LAURA 5921 CHESTER LANE DAVIE FL 33331	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HEDDAEUS, BOB 15011 S. WATERFORD DRIVE DAVIE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. O. <input type="checkbox"/> Delete ANA MARIA AGROSA 5881 BRISTOL LANE DAVIE, FL 33331	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 HOWARD SOLOMON - TREASURE		DATE: 2-23-04 DAYTIME PHONE #: 954-434-2834	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			