


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 05, 2003 8:00 am  
Secretary of State

02-05-2003 90177 025 \*\*\*\*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**

**22003276**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.  
*MAIL BOX ONLY*      Suite, Apt. #, etc.  
*MAIL BOX ONLY*

City & State      City & State

Zip      Country      Zip      Country

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

**FREDERICK, EDWIN  
15180 BRISTOL LANE  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Edwin Frederick* *Edwin Frederick*      *2/1/03*

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

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EGAN, ROBERT</b> <b>15031 S WATERFORD DRIVE</b> <b>DAVIE FL 33331</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>FREDERICK, EDWIN</b> <b>15180 BRISTOL LANE</b> <b>DAVIE FL 33331</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SOLOMAN, HOWARD</b> <b>14900 NEWCASTLE LANE</b> <b>DAVIE FL 33331</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>DAVENPORT, CLAUDIA V</b> <b>15037 BRIGHTON LANE</b> <b>DAVIE FL 33331</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HEDDAEUS, BOB</b> <b>15011 S. WATERFORD DRIVE</b> <b>DAVIE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>JACKSON, TRAVIS</b> <b>15006 BRIGHTON LANE</b> <b>DAVIE FL</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P.D.</b> <b>ANDERSON, RICHARD</b> <b>15160 BRISTOL AVE</b> <b>DAVIE, FL. 33331</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S.O.</b> <b>LAURA, HAWLEY</b> <b>5921 CHESTER LANE</b> <b>DAVIE, FL. 33331</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: **SIGNATURE REQUIRED**      *Howard Solomon*  
*Howard Solomon 2-28-03*

Signature and Typed or Printed Name of Signing Officer or Director      Date

CR2E037 (10/02)