

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

95 MAY -1 PH 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19325
1. Corporation Name

**THE WATERFORD WEST OF DUNEDIN HOMEOWNER'S
ASSOCIATION, INC.**

Principal Place of Business Mailing Address
**1600 Sparkling Court
Dunedin, FL 34698**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/19/1987	3a. Date of Last Report 02/28/94
4. FEI Number 59-3091887	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under C. 100.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 County 25 Zip 26 City & State 27 Zip 28 Country 29	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
--	---

9. Name and Address of Current Registered Agent MacPherson, Gilbert P., P.A. 1822 Drew St Clearwater, FL 34624	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
--	--

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Unanue, Elaine	12 NAME	100001472901
STREET ADDRESS	1691 Sparkling Court	13 STREET ADDRESS	-05/03/95--01050--020
CITY-ST-ZIP	Dunedin, FL 34698	14 CITY-ST-ZIP	****130.00 ****130.00
TITLE	S/T/D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Unanue, Ernesto	22 NAME	
STREET ADDRESS	1691 Sparkling Court	23 STREET ADDRESS	
CITY-ST-ZIP	Dunedin, FL 34698	24 CITY-ST-ZIP	
TITLE	VP/D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nelson, Todd	32 NAME	
STREET ADDRESS	1610 Sparkling Court	33 STREET ADDRESS	
CITY-ST-ZIP	Dunedin, FL 34698	34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elaine Unanue* **4-20-95** **813-789-6762**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone) (Fax #)
Elaine Unanue, Pres.