

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # N19325 (2)**

**1. Corporation Name THE WATERFORD WEST OF DUNEDIN HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business: 1600 SPARKLING CT DUNEDIN FL 34698  
Mailing Address: 1600 SPARKLING CT DUNEDIN FL 34698

3. Date Incorporated or Qualified: 02/19/1987  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21 1650 Sparkling Ct  
22 Suite, Apt. #, etc.:  
23 City & State: DUNEDIN, FL.  
24 Zip: 34698  
25 Country: U.S.A.  
26 1650 Sparkling Ct  
27 Suite, Apt. #, etc.:  
28 City & State: DUNEDIN, FL.  
29 Zip: 34698  
30 Country: U.S.A.

4. FEI Number: 59-3091887  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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: FL  
85 Zip Code:

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: SAME (NEW OFFICERS) 6/12/96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD	UNANUE, ELAINE	1.1 TITLE: PRESIDENT/DIRECTOR
STREET ADDRESS: 1691 SPARKLING CT	DUNEDIN FL	1.2 NAME: CONSTANTINOU, MARIOS
CITY-ST-ZIP: DUNEDIN FL		1.3 STREET ADDRESS: 1681 SPARKLING CT.
		1.4 CITY-ST-ZIP: DUNEDIN, FL. 34698
TITLE: STD	UNANUE, ERNESTO	2.1 TITLE: SECRETARY-TREASURER/DIRECTOR
STREET ADDRESS: 1691 SPARKLING CT	DUNEDIN FL	2.2 NAME: BEVERLY SNYDER
CITY-ST-ZIP: DUNEDIN FL		2.3 STREET ADDRESS: 1650 SPARKLING CT.
		2.4 CITY-ST-ZIP: DUNEDIN, FL. 34698
TITLE: VPD	NELSON, TODD	3.1 TITLE: VICE PRESIDENT/DIRECTOR
STREET ADDRESS: 1610 SPARKLING CT	DUNEDIN FL	3.2 NAME: GARY WILLMAN
CITY-ST-ZIP: DUNEDIN FL		3.3 STREET ADDRESS: 1611 SPARKLING CT.
		3.4 CITY-ST-ZIP: DUNEDIN, FL. 34698
TITLE:		4.1 TITLE:
NAME:		4.2 NAME:
STREET ADDRESS:		4.3 STREET ADDRESS:
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:
TITLE:		5.1 TITLE:
NAME:		5.2 NAME:
STREET ADDRESS:		5.3 STREET ADDRESS:
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:
TITLE:		6.1 TITLE:
NAME:		6.2 NAME:
STREET ADDRESS:		6.3 STREET ADDRESS:
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:

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7/15/96  
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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 119.07(3)(k), 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: Beverly Snyder  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 6/12/96  
Daytime Phone #: 813/464-1441

CR2E037 (3/96)