

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N19325** (2)  
1. Corporation Name  
**THE WATERFORD WEST OF DUNEDIN HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>ENID J. LYTHGOE 1651 SPARKLING CT. DUNEDIN FL 34698 US</b>	Mailing Address <b>ENID J. LYTHGOE 1651 SPARKLING CT. DUNEDIN FL 34698 US</b>
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3. Date Incorporated or Qualified <b>02/19/1987</b>	
4. FEI Number <b>59-3091887</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>CONSTANTINOU, MARIOS</b> 1681 SPARKLING CT DUNEDIN FL 34698	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>ID</b>
TITLE <b>STD</b>	<b>SNYDER, BEVERLY</b> 1650 SPARKLING CT DUNEDIN FL 34698	<input checked="" type="checkbox"/> DELETE	1.2 NAME <b>Enid J Lythgoe</b>
TITLE <b>VD</b>	<b>WILLMAN, GARY</b> 1811 SPARKLING CT DUNEDIN FL 34698	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS <b>1651 Sparkling ct. Dunedin</b>
TITLE <b>PD</b>	<b>WILLIAM, GARY</b> 1611 SPARKLING CT. DUNEDIN FL	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP <b>FL 34698</b>
TITLE <b>VPD</b>	<b>LEICHTENSCHLAG, JIM</b> 1641 SPARKLING CT. DUNEDI FL	<input type="checkbox"/> DELETE	2.1 TITLE <b>SD</b>
TITLE <b>SD</b>	<b>LEICHTENSCHLAG, USA</b> 1641 SPARKLING CT. DUNEDIN FL	<input checked="" type="checkbox"/> DELETE	2.2 NAME <b>Jean Anne McAllister</b>
			2.3 STREET ADDRESS <b>1621 Sparkling Ct</b>
			2.4 CITY-ST-ZIP <b>Dunedin FL 34698</b>
			3.1 TITLE <b>D</b>
			3.2 NAME <b>Jay McAllister</b>
			3.3 STREET ADDRESS <b>1621 Sparkling ct</b>
			3.4 CITY-ST-ZIP <b>Dunedin FL 34698</b>
			4.1 TITLE <b>B.</b>
			4.2 NAME <b>Steve Linahan</b>
			4.3 STREET ADDRESS <b>1661 Sparkling ct</b>
			4.4 CITY-ST-ZIP <b>Dunedin FL 34698</b>
			5.1 TITLE
			5.2 NAME
			5.3 STREET ADDRESS
			5.4 CITY-ST-ZIP
			6.1 TITLE
			6.2 NAME
			6.3 STREET ADDRESS
			6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>ID</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Enid J Lythgoe</b>	
1.3 STREET ADDRESS <b>1651 Sparkling ct. Dunedin</b>	
1.4 CITY-ST-ZIP <b>FL 34698</b>	
2.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Jean Anne McAllister</b>	
2.3 STREET ADDRESS <b>1621 Sparkling Ct</b>	
2.4 CITY-ST-ZIP <b>Dunedin FL 34698</b>	
3.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Jay McAllister</b>	
3.3 STREET ADDRESS <b>1621 Sparkling ct</b>	
3.4 CITY-ST-ZIP <b>Dunedin FL 34698</b>	
4.1 TITLE <b>B.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>Steve Linahan</b>	
4.3 STREET ADDRESS <b>1661 Sparkling ct</b>	
4.4 CITY-ST-ZIP <b>Dunedin FL 34698</b>	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: **Enid J Lythgoe** Treasurer **2.22.98** 813 786 5074

CR2E037 (10/97)