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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N19325

1. Corporation Name

THE WATERFORD WEST OF DUNEDIN HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

ENID J. LYTHGOE
 1651 SPARKLING CT.
 DUNEDIN FL 34698
 US

ENID J. LYTHGOE
 1651 SPARKLING CT.
 DUNEDIN FL 34698
 US



2. Principal Place of Business

2a. Mailing Address

21 **SOHN E. LYTHGOE**

26 **SOHN E. LYTHGOE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **1651 SPARKLING CT**

27 **1651 SPARKLING CT**

City & State

City & State

23 **DUNEDIN**

28 **DUNEDIN**

Zip

Country

Zip

Country

24 **FL 34698**

25 **USA**

29 **FL 34698**

30 **USA**

3. Date Incorporated or Qualified

02/19/1987

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACPHERSON, GILBERT P., P.A.
1822 DREW ST
CLEARWATER FL 34624

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

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	TD	<input checked="" type="checkbox"/> DELETE
NAME	LYTHGOE, ENID J	
STREET ADDRESS	1651 SPARKLING CT	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MCALLISTER, JEAN ANNE	
STREET ADDRESS	1621 SPARKLING CT	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCALLISTER, JAY	
STREET ADDRESS	1621 SPARKLING CT	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAM, GARY	
STREET ADDRESS	1611 SPARKLING CT.	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LEICHTENSCHLAG, JIM	
STREET ADDRESS	1641 SPARKLING CT.	
CITY-ST-ZIP	DUNEDI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LINAHAN, STEVE	
STREET ADDRESS	1661 SPARKLING CT	
CITY-ST-ZIP	DUNEDIN FL 34698	

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LYTHGOE, SOHN E.	
1.3 STREET ADDRESS	1651 SPARKLING CT	
1.4 CITY-ST-ZIP	DUNEDIN FL 34698	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SNYDER, BRUCEL A	
2.3 STREET ADDRESS	1650 SPARKLING CT	
2.4 CITY-ST-ZIP	DUNEDIN FL 34698	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/99

727-849-5123

Date

Daytime Phone #

CR2E037 (11/98)