

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90004 029 ****61.25

DOCUMENT # N19325

1. Entity Name

THE WATERFORD WEST OF DUNEDIN HOMEOWNERS' ASSOCI

Principal Place of Business

Mailing Address

**JOHN E LYTHGOE
 1651 SPARKLING CT.
 DUNEDIN FL 34698
 US**

**JOHN E LYTHGOE
 1651 SPARKLING CT.
 DUNEDIN FL 34698-2354
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3091887

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **TD LYTHGOE, JOHN E**
 STREET ADDRESS **1651 SPARKLING CT**
 CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE Change *
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD SNYDER, BAVERLY A**
 STREET ADDRESS **1650 SPARKLING CT**
 CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE Change *
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D MCALLISTER, JAY**
 STREET ADDRESS **1621 SPARKLING CT**
 CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE Change *
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD LEICHTENSCHLAG, JIM**
 STREET ADDRESS **1641 SPARKLING CT.**
 CITY-ST-ZIP **DUNEDI FL**

TITLE Change *
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change *
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change *
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00 72-849-5123

Date

Daytime Phone #