

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90081 019 \*\*\*\*61.25

**DOCUMENT # N19325**  
 1. Entity Name  
**THE WATERFORD WEST OF DUNEDIN HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business JOHN E LYTHGOE 1651 SPARKLING CT. DUNEDIN FL 34698 US	Mailing Address JOHN E LYTHGOE 1651 SPARKLING CT. DUNEDIN FL 34698 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-3091887</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 MACPHERSON, GILBERT P., P.A.  
 1822 DREW ST  
 CLEARWATER FL 34624

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>LYTHGOE, JOHN E</b> <b>1651 SPARKLING CT.</b> <b>DUNEDIN FL 34698</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>SNYDER, BAVERLY A</b> <b>1650 SPARKLING CT</b> <b>DUNEDIN FL 34698</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>VP</b> <b>PARIANDS, TRINI K</b> <b>1661 SPARKLING CT</b> <b>DUNEDIN FL 34698</b> <input checked="" type="checkbox"/> Delete</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>RD</b> <b>SNYDER, GERALD</b> <b>1650 SPARKLING CT</b> <b>DUNEDIN FL 34698</b> <input checked="" type="checkbox"/> Delete</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P.D.</b> <b>ALFRED VINELLI</b> <b>1610 SPARKLING CT.</b> <b>DUNEDIN FL 34698</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.D.</b> <b>MICHAEL SHERKS</b> <b>1660 SPARKLING CT.</b> <b>DUNEDIN FL 34698</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: John E Lythgoe **DATE REQUIRED** 2/24/02 (727) 849-5123  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)