

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 28 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26073 (9)

1. Corporation Name
WATERFORD PLANTATION HOMEOWNERS ASSOCIATION, INC



Principal Place of Business 5003 CRESTWOOD CT TALLAHASSEE FL 32311 US	Mailing Address 5003 CRESTWOOD CT TALLAHASSEE FL 32311 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/25/1988		3a. Date of Last Report 05/01/1996	
2. Principal Place of Business 21 6279 Crestwood Drive		4. FEI Number 59-2985588	
2a. Mailing Address 22 Tallahassee, FL		Applied For Not Applicable	
23 Tallahassee, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 32311 25 US		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26 US		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent TAFF, GEORGE S. 2912 THOMASVILLE RD. TALLAHASSEE FL 32302				10. Name and Address of New Registered Agent	
				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City
				B5	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 DT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CLARK, LORRAINE G.		1.2 NAME	D Toni Vattovaz
STREET ADDRESS 5003 CRESTWOOD CT		1.3 STREET ADDRESS	6271 Crestwood Drive
CITY-ST-ZIP TALLAHASSEE FL		1.4 CITY-ST-ZIP	Tallahassee, FL 32311
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARRAWAY, GEORGE		2.2 NAME	PD
STREET ADDRESS 3248 CRESTWOOD DR		2.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32311		2.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CAMPBELL, ROBERT		3.2 NAME	DS Michael Clark
STREET ADDRESS 1402 WHITE STAR LANE		3.3 STREET ADDRESS	5003 Crestwood Ct.
CITY-ST-ZIP TALLAHASSEE FL 32311		3.4 CITY-ST-ZIP	Tallahassee, FL 32311
TITLE PD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PRUYN, BOB		4.2 NAME	
STREET ADDRESS 6283 CRESTWOOD DR		4.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32311		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAXEY, RICK		5.2 NAME	DT
STREET ADDRESS 6279 CRESTWOOD DR		5.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32311		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WHEELER, STEVEN		6.2 NAME	
STREET ADDRESS 3267 CRESTWOOD DR		6.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32311		6.4 CITY-ST-ZIP	

14. I do 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.

CP2E037 (4/97)

Signature: Rick Wheeler