


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 09 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N26073 (9)

1. Corporation Name
WATERFORD PLANTATION HOMEOWNERS ASSOCIATION, INC

| | |
|--|---|
| Principal Place of Business 6279 CRESTWOOD DRIVE TALLAHASSEE FL 32311 US | Mailing Address 5003 CRESTWOOD CT TALLAHASSEE FL 32311 US |
|--|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 04/25/1988 | |
| 4. FEI Number 59-2985588 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 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 6268 Crestwood Dr. Suite, Apt. #, etc. | 2a. Mailing Address 26 |
| 22 City & State 23 Tallahassee, FL | 27 City & State 28 |
| 24 Zip 32311 | 25 Country 29 Leon |

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

| | |
|---|-------------|
| 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|--|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | VATTOVAZ, TONI | |
| STREET ADDRESS | 6271 CRESTWOOD DRIVE | |
| CITY-ST-ZIP | TALLAHASSEE FL | |
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | CARRAWAY, GEORGE | |
| STREET ADDRESS | 3248 CRESTWOOD DR | |
| CITY-ST-ZIP | TALLAHASSEE FL | |
| TITLE | DS | <input type="checkbox"/> DELETE |
| NAME | CLARK, MICHAEL | |
| STREET ADDRESS | 5003 CRESTWOOD CT | |
| CITY-ST-ZIP | TALLAHASSEE FL | |
| TITLE | DT | <input checked="" type="checkbox"/> DELETE |
| NAME | MAXEY, RICK | |
| STREET ADDRESS | 6279 CRESTWOOD DR | |
| CITY-ST-ZIP | TALLAHASSEE FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | WHEELER, STEVEN | |
| STREET ADDRESS | 3287 CRESTWOOD DR | |
| CITY-ST-ZIP | TALLAHASSEE FL 32311 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | PD Sunshine, Doug |
| 2.3 STREET ADDRESS | 6281 Longwood Ct. |
| 2.4 CITY-ST-ZIP | Tallahassee, FL 32311 |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | D |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | DT Chevalier, David L |
| 4.3 STREET ADDRESS | 6268 Crestwood Dr. |
| 4.4 CITY-ST-ZIP | Tallahassee, FL 32311 |
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | DS Lewis, Donald |
| 5.3 STREET ADDRESS | 6287 Longwood Ct. |
| 5.4 CITY-ST-ZIP | Tallahassee, FL 32311 |
| 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: *David L. Chevalier* **David L. Chevalier** 4/1/98 (850) 577-2719

CR2E037 (10/97)