

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90032 032 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N26073**

1. Corporation Name  
**WATERFORD PLANTATION HOMEOWNERS ASSOCIATION, INC**

Principal Place of Business 6268 CRESTWOOD DR TALLAHASSEE FL 32311 US	Mailing Address 5003 CRESTWOOD CT TALLAHASSEE FL 32311 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/25/1988
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2985588
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent <b>TAFF, GEORGE S. 2912 THOMASVILLE RD. TALLAHASSEE FL 32302</b>		10. Name and Address of New Registered Agent	
		81. Name <b>Sunshine, Doug</b>	
		82. Street Address (P.O. Box Number is Not Acceptable) <b>6281 Longwood Ct</b>	
		83.	
		84. City <b>Tallahassee</b>	85. Zip Code <b>FL 32311</b>

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]* **Doug Sunshine, President** DATE: **3/20/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VATTOVAZ, TONI</b>	1.2 NAME	
STREET ADDRESS	<b>6271 CRESTWOOD DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUNSHIE, DOUG</b>	2.2 NAME	<b>Sunshine, Doug</b>
STREET ADDRESS	<b>6281 LONG WOOD CT</b>	2.3 STREET ADDRESS	<b>6281 Longwood Ct</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32311</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>DT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLARK, MICHAEL</b>	3.2 NAME	
STREET ADDRESS	<b>5003 CRESTWOOD CT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DT</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DHEVALIER, DAVID L</b>	4.2 NAME	<b>Elizabeth Reddoch, Elizabeth</b>
STREET ADDRESS	<b>6268 CRESTWOOD DR</b>	4.3 STREET ADDRESS	<b>6288 Crestwood Dr.</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32311</b>	4.4 CITY-ST-ZIP	<b>Tallahassee, FL 32311</b>
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEWIS, DONALD</b>	5.2 NAME	
STREET ADDRESS	<b>6278 LONGWOOD CT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32311</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]* **Michael R. Clark** DATE: **3-20-99** (850) **222-9600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037- (11/98)