

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90097 019 ****61.25

DOCUMENT # N26073

1. Entity Name

WATERFORD PLANTATION HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

6268 CRESTWOOD DR
 TALLAHASSEE FL 32311
 US

5003 CRESTWOOD CT
 TALLAHASSEE FL 32311-8756
 US

2. Principal Place of Business

3. Mailing Address

6248 Crestwood Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tallahassee, FL

4. FEI Number

59-2985588

Applied For

Not Applicable

Zip

Country

Zip

Country

32311

LEON

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUNSHINE, DOUG
6281 LONGWOOD CT
TALLAHASSEE FL 32311

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 **D** Delete
 NAME **VATTOVAZ, TONI**
 STREET ADDRESS **6271 CRESTWOOD DRIVE**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **Darry Zwagel** Change Addition
 NAME **Darry Zwagel**
 STREET ADDRESS **6252 Crestwood Dr,**
 CITY-ST-ZIP **Tallahassee, FL 32311**

TITLE **PD** Delete
 NAME **SUNSHIE, DOUG**
 STREET ADDRESS **6281 LONG WOOD CT**
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **D** Change Addition
 NAME **Lillie-Ann Gray-Brown**
 STREET ADDRESS **5000 Crestwood Ct.**
 CITY-ST-ZIP **Tallahassee, FL 32311**

TITLE **DT** Delete
 NAME **CLARK, MICHAEL**
 STREET ADDRESS **5003 CRESTWOOD CT**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **DT** Change Addition
 NAME **George Carraway**
 STREET ADDRESS **6248 Crestwood Dr,**
 CITY-ST-ZIP **Tallahassee, FL 32311**

TITLE **D** Delete
 NAME **RADDOCH, ELIZABETH**
 STREET ADDRESS **6288 CRESTWOOD DR**
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **PD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** Delete
 NAME **LEWIS, DONALD**
 STREET ADDRESS **6278 LONGWOOD CT**
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 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: *George W. Carraway* 4/10/00 (850) 484-0637 EXT 109
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)