

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90334 032 ****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 **6248 CRESTWOOD DR TALLAHASSEE FL 32311 US**

2. Principal Place of Business Suite, Apt. #, etc.
 City & State

3. Mailing Address Suite, Apt. #, etc.
 City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2985588**
 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SUNSHINE, DOUG
6281 LONGWOOD CT
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent
 Name **ELIZABETH REDDOCH**
 Street Address (P.O. Box Number is Not Acceptable) **6288 CRESTWOOD DR**
 City **TALLAHASSEE** FL Zip Code **32311**

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]* **7/7/2002**
 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. CURRENT OFFICERS AND DIRECTORS	
TITLE NAME D ZWAGEL, LARRY STREET ADDRESS 6252 CRESTWOOD DR CITY-ST-ZIP TALLAHASSEE FL 32311	<input checked="" type="checkbox"/> Delete
TITLE NAME D SHALAKO, PAUL STREET ADDRESS 6267 CRESTWOOD DR CITY-ST-ZIP TALLAHASSEE FL 32311	<input type="checkbox"/> Delete
TITLE NAME DT CARRAWAY, GEORGE STREET ADDRESS 6248 CRESTWOOD DR CITY-ST-ZIP TALLAHASSEE FL 32311	<input checked="" type="checkbox"/> Delete
TITLE NAME DP REDDOCH, ELIZABETH STREET ADDRESS 6288 CRESTWOOD DR CITY-ST-ZIP TALLAHASSEE FL 32311	<input type="checkbox"/> Delete
TITLE NAME DS LEWIS, DONALD STREET ADDRESS 6278 LONGWOOD CT CITY-ST-ZIP TALLAHASSEE FL 32311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Bob Pruyn 6283 Crestwood Drive TALLAHASSEE FL 32311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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

12. 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 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: *[Signature]* **7/7/2002**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (9/01)