

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 15, 2003 8:00 am
Secretary of State

07-15-2003 90022 037 ****61.25

0066821

DOCUMENT # N26073

1. Entity Name

WATERFORD PLANTATION HOMEOWNERS ASSOCIATION, INC



Principal Place of Business

6268 CRESTWOOD DR
TALLAHASSEE FL 32311
US

Mailing Address

6248 CRESTWOOD DR
TALLAHASSEE FL 32311
US

2. Principal Place of Business

3. Mailing Address

6288 Crestwood Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Tallahassee, FL 32311

4. FEI Number **59-2985588**

Applied For
Not Applicable

Zip

Country

Zip

Country

32311

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REDDOCH, ELIZABETH
6288 CRESTWOOD DRIVE
TALLAHASSEE FL 32311**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **991** **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Elizabeth Reddoch

6/5/03

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PROGN, BOB	
STREET ADDRESS	6283 CRESTWOOD DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHALAKO, PAUL	
STREET ADDRESS	6287 CRESTWOOD DR	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	DP	<input type="checkbox"/> Delete
NAME	REDDOCH, ELIZABETH	
STREET ADDRESS	6288 CRESTWOOD DR	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LEWIS, DONALD	
STREET ADDRESS	6278 LONGWOOD CT	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, MIKE	
STREET ADDRESS	5003 Crestwood Ct.	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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:

Donald Lewis **REQUIREMENTS** Lewis

1 June 2003 850-309-0320

CR2E037 (10/02)