

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUL 24 AM 8: 25

DOCUMENT # N27004 (3)

1. Corporation Name
WATERFORD OF PELICAN BAY PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
800 LAUREL OAK DR #200 NAPLES FL 33963 US	800 LAUREL OAK DR #200 NAPLES FL 33963 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 <i>2314 Pine Ridge Rd</i>	26 <i>2314 Pine Ridge Rd</i>
22 <i>Suite 369</i>	27 <i>369</i>
23 <i>Naples FL</i>	28 <i>Naples</i>
24 <i>33942</i>	29 <i>33942</i>
25 <i>USA</i>	30 <i>USA</i>

3. Date Incorporated or Qualified	3a. Date of Last Report
<i>06/27/1988</i>	<i>03/29/1994</i>
4. FEI Number	Applied For
<i>65-0083481</i>	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. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/> FILING FEE IS \$61.25
8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**ST. JAMES, ELIZABETH
800 LAUREL OAK DR #200
NAPLES FL 33963**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number Not Acceptable)	<i>FL 33942</i>
83 <i>Suite 369</i>	
84 City	
<i>Naples</i>	

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 registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROCCO, AUGUST W
STREET ADDRESS	682 LISMORE LANE
CITY, ST, ZIP	NAPLES FL
TITLE	VD
NAME	WALKER, ROBERT
STREET ADDRESS	688 ARDMORE LANE
CITY, ST, ZIP	NAPLES FL
TITLE	TSD
NAME	CENSITS, RICHARD
STREET ADDRESS	688 ANNEMORE LANE
CITY, ST, ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<i>Brent Holleran</i>	
13 STREET ADDRESS	<i>2314 Pine Ridge Rd #369</i>	
14 CITY, ST, ZIP	<i>Naples, FL 33942</i>	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<i>Warren Montgomery</i>	
23 STREET ADDRESS	<i>2314 Pine Ridge Rd #369</i>	
24 CITY, ST, ZIP	<i>Naples, FL 33942</i>	
31 TITLE	TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<i>Virginia Chaignon</i>	
33 STREET ADDRESS	<i>2314 Pine Ridge Rd #369</i>	
34 CITY, ST, ZIP	<i>Naples, FL 339</i>	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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, 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: *Virginia Chaignon* *7-18-95* *941-566-3054*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/95)