

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N27004 (3)**

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



Principal Place of Business  
**2016 PINE RIDGE RD  
STE 369  
NAPLES L 33942  
US**

Mailing Address  
**2016 PINE RIDGE RD  
STE 369  
NAPLES FL 33942  
US**

3. Date Incorporated or Qualified **06/27/1988**      3a. Date of Last Report **07/24/1995**

2. Principal Place of Business  
21 **P.O. Box 10369**  
Suite, Apt. #, etc.  
22  
City & State  
23 **NAPLES, FL**  
Zip  
24 **33962**      Country  
25 **USA**

2a. Mailing Address  
26 **P.O. Box 10369**  
Suite, Apt. #, etc.  
27  
City & State  
28 **NAPLES, FL**  
Zip  
29 **33941**      Country  
30 **USA**

4. FEI Number **65-0083481**      Applied For  
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

~~ST. JAMES, ELIZABETH  
2316 PINE RIDGE RD  
ST 369  
NAPLES FL 33942~~

81 Name **THOMAS M. BANTZ**  
82 Street Address (P.O. Box Number is Not Acceptable) **4986 E. TAMIAH TR**  
83  
84 City **NAPLES**      FL      85 Zip Code **33962**

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 *Thomas M. Bantz*      DATE **APRIL 26, 1996**  
Signature, typed or printed name of registered agent and title if applicable.      NOTE: Registered Agent signature required when reinstating.

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HOLLERAN, BRENT	
STREET ADDRESS	2316 PINE RIDGE RD STE 369	
CITY-ST-ZIP	NAPLES FL	
TITLE	<del>VP</del>	<input checked="" type="checkbox"/> DELETE
NAME	MANG, WARREN	
STREET ADDRESS	2316 PINE RIDGE RD STE 369	
CITY-ST-ZIP	NAPLES FL	
TITLE	TSD	<input checked="" type="checkbox"/> DELETE
NAME	CRAIGMILE, VIRGINIA	
STREET ADDRESS	2316 PINE RIDGE RD STE 369	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAMES HENRY	
1.3 STREET ADDRESS	683 ANNEMORE LN	
1.4 CITY-ST-ZIP	NAPLES, FL 33963	
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MANG, WARREN G.	
2.3 STREET ADDRESS	3 WESTWOOD DR	
2.4 CITY-ST-ZIP	HADDONFIELD, N.J. 08033	
3.1 TITLE	<del>VP/D</del> VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CRAIGMILE, VIRGINIA	
3.3 STREET ADDRESS	6902 GREEN TREE DR	
3.4 CITY-ST-ZIP	NAPLES, FL 33963	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 119.07(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 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.

SIGNATURE: *Warren G. Mang*      DATE **4/26/96**      Daytime Phone # **941/774-7088**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)