FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 12, 2001 8:00 am Secretary of State **DOCUMENT # N27004** 1. Entity Name WATERFORD OF PELICAN BAY PROPERTY OWNERS' ASSOCI 04-12-2001 90186 013 ****61.25 Principal Place of Business Mailing Address P O BOX 10369 P O BOX 10369 D0035538 NAPLES FL 34101 NAPLES FL 34101 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0083481 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HART, STEPHEN P. 4985 E TAMIAMI TRAIL NAPLES FL 34113 City 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 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. CR2E037 (10/00) STD MA Addition ☐ Delete TITLE Change TITLE TRIVAS, SAM 688 ARDMORE LANE HENRY, JAMES NAME NAME STREET ADDRESS **683 ANNEMORE LN** STREET ADDRESS CITY-ST-ZIP NAPLES FL 34108 CITY-ST-ZIP Addition PD ☐ Delete Change TITLE MANG. WARREN G NAME NAME STREET ADDRESS 3 WESTWOOD DR STREET ADDRESS O 8033 (ZIP) Change - Addition-CITY-ST-ZIP CITY-ST-ZIP HADDONFIELD NJ Delete TITLE CRAIGMILE, VIRGINIA NAME NAME STREET ADDRESS 6902 GREEN TREE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34108 ☐ Delete TITLE Change | ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 is 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Apr:18,200

591-0436