

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N28537**

1. Entity Name

WATERFORD ON THE BAY PROPERTY OWNERS' ASSOCIATIO

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90029 024 ****61.25

Principal Place of Business	Mailing Address
101 EAST KENNEDY BLVD., STE.#2160 C/O YERRID, KNOPIK & KRIEGER TAMPA FL 33602 US	101 EAST KENNEDY BLVD., STE.#2160 C/O YERRID, KNOPIK & KRIEGER TAMPA FL 33602-5187 US

The Yerrid Law Firm



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number **59-2741747**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

YERRID, C. STEVEN
101 EAST KENNEDY BLVD., STE.#2160
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **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.

SIGNATURE: *[Signature]* DATE: **5/1/00**

Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

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. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	YERRID, C. STEVEN
STREET ADDRESS	101 E KENNEDY BLVD #2160
CITY-ST-ZIP	TAMPA FL
TITLE	VPD <input type="checkbox"/> Delete
NAME	MCDONOUGH, ROBERT
STREET ADDRESS	5003 SAN GABLE CT
CITY-ST-ZIP	TAMPA FL
TITLE	D CARSON <input type="checkbox"/> Delete
NAME	WENDEL, CINDY H.
STREET ADDRESS	101 E KENNEDY BLVD #2160
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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: *[Signature]* DATE: **5/1/00** DAYTIME PHONE #: **813-22-8222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)