

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90011 048 ****61.25

DOCUMENT # N28537

1. Entity Name
WATERFORD ON THE BAY PROPERTY OWNERS' ASSOCIATIO

Principal Place of Business 101 EAST KENNEDY BLVD., STE.#2160 C/O THE YERRID LAW FIRM TAMPA FL 33602 US YERRID	Mailing Address 101 EAST KENNEDY BLVD., STE.#2160 C/O THE YERRID LAW FIRM TAMPA FL 33602 US YERRID
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741764



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 101 E. Kennedy Blvd. Suite, Apt. #, etc. Suite 3910 City & State Tampa, FL Zip 33602 Country USA	3. Mailing Address same Suite, Apt. #, etc. City & State Zip Country	4. FEI Number 59-2741747 Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 Yerrid, C. Steven Street Address (P.O. Box Number is Not Acceptable) 101 E. Kennedy Blvd. Suite 3910 City Tampa FL Zip Code 33602
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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 DATE **4/11/01**

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME PD YERRID, C. STEVEN	<input type="checkbox"/> Delete	TITLE NAME McDonough, Robert	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 101 E KENNEDY BLVD #2160		STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		CITY-ST-ZIP	
TITLE NAME VPD MCDONOUGH, ROBERT	<input type="checkbox"/> Delete	TITLE NAME Carson, Cindy H.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5003 SAN GABLE CT		STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		CITY-ST-ZIP	
TITLE NAME D WENDEL, CINDY H.	<input type="checkbox"/> Delete	TITLE NAME	
STREET ADDRESS 101 E KENNEDY BLVD #2160		STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: DATE **4/11/01** 813-222-8222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)