

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY -1 PM 12:05

DOCUMENT # N31867 (7)
1. Corporation Name
WATERFORD VILLAGE COMMUNITY ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**LEE SIDE SERVICES
11691 GATEWAY BLVD.
FORT MYERS FL 33913
US** **11922 FAIRWAY LAKES DRIVE
FORT MYERS FL 33913
US**

3. Date Incorporated or Qualified 04/21/1989	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0115096	Applied For <input type="checkbox"/> 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"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**SAMUEL DOCKERY
11930 FAIRWAY LAKES DRIVE
FORT MYERS FL 33913**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 607.0504, Florida Statutes.

SIGNATURE *Samuel Dockery* (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ORDONEZ, MARIO 11387 WATERFORD VILLAGE DRIVE FORT MYERS FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LANDRY, GILBERT 11431 WATERFORD VILLAGE DRIVE FORT MYERS FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BOYD, LEE 11390 WATERFORD VILLAGE FT. MYERS FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WINGARD, PAUL 11395 WATERFORD VILLAGE DRIVE FT. MYERS FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARIO ORDONEZ 11387 WATERFORD VILLAGE DR. FT. MYERS, FL. 33913
2.1 TITLE VPD 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PAUL WINGARD 11395 WATERFORD VILLAGE DR. FT. MYERS, FL. 33913
3.1 TITLE TD 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ARRON HUDSON 11410 WATERFORD VILLAGE DR. FT. MYERS, FL. 33913
4.1 TITLE SD 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GILBERT LANDRY 11431 WATERFORD VILLAGE DR. FT. MYERS, FL. 33913
5.1 TITLE D 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BARBARA CLEAVER 12584 SHANNONDALE DR. FT. MYERS, FL. 33913
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *Barbara Cleaver* 4-26-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #