

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 # N31867 (7)

1. Corporation Name

WATERFORD VILLAGE COMMUNITY ASSOCIATION, INC.



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 05/01/1995

21	2. Principal Place of Business	2a. Mailing Address	26	11930 FAIRWAY LAKES DRIVE	4. FEI Number	65-0115096	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required		
23	City & State	28	FORT MYERS, FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees		
24	Zip	25	Country	29	33913	30	U.S.A.	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAMUEL DOCKERY
11930 FAIRWAY LAKES DRIVE
FORT MYERS FL 33913

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORDONEZ, MARIO	1.2 NAME	
STREET ADDRESS	11387 WATERFORD VILLAGE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT, DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINGARD, PAUL	2.2 NAME	
STREET ADDRESS	11395 WATERFORD VILLAGE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDSON, AARON	3.2 NAME	
STREET ADDRESS	11410 WATERFORD VILLAGE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	SECRETARY, DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDRY, GILBERT	4.2 NAME	JACKSON TAYLOR
STREET ADDRESS	11431 WATERFORD VILLAGE DR	4.3 STREET ADDRESS	12610 SHANNON DALE DRIVE
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP	FT. MYERS, FL 33913
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	VICE PRESIDENT, DIR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEAVER, BARBARA	5.2 NAME	
STREET ADDRESS	12584 SHANNONDALE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	NEW DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	PATRICK CRUMP
STREET ADDRESS		6.3 STREET ADDRESS	12596 SHANNONDALE DR.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	FT. MYERS, FL 33913

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature]

4/20/91

765-5030

CR2E037 (12/95)