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FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31867 (7)
1. Corporation Name
WATERFORD VILLAGE COMMUNITY ASSOCIATION, INC.



Principal Place of Business LEE SIDE SERVICES 11691 GATEWAY BLVD. FORT MYERS FL 33913 US	Mailing Address 11930 FAIRWAY LAKES DRIVE FORT MYERS FL 33913-8337 US
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3. Date Incorporated or Qualified 04/21/1989	3a. Date of Last Report 05/01/1996
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
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 11922 Fairway Lakes Dr Suite, Apt. #, etc.	2a. Mailing Address 26 11922 Fairway Lakes Dr Suite, Apt. #, etc.
22 City & State 23 FT Myers FL	27 City & State 28 FT Myers FL
24 33913 Zip Country 25 USA	29 33913 Zip Country 30 USA

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
Samuel Dockery
82 Street Address (P.O. Box Number is Not Acceptable)
11922 Fairway Lakes Dr
83
84 City
FT Myers FL 85 Zip Code
33913

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	CRUMP, PATRICK
STREET ADDRESS	12596 SHANNONDALE DR.
CITY-ST-ZIP	FT. MYERS FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	WINGARD, PAUL
STREET ADDRESS	11395 WATERFORD VILLAGE DR
CITY-ST-ZIP	FORT MYERS FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	HUDSON, AARON
STREET ADDRESS	11410 WATERFORD VILLAGE DR
CITY-ST-ZIP	FT. MYERS FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	TAYLOR, JACKSON
STREET ADDRESS	12610 SHANNONDALE DRIVE
CITY-ST-ZIP	FT. MYERS FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	CLEAVER, BARBARA
STREET ADDRESS	12584 SHANNONDALE DR
CITY-ST-ZIP	FT MYERS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Patrice Crump
1.3 STREET ADDRESS	12596 Shannondale Dr
1.4 CITY-ST-ZIP	Ft Myers FL 33913
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Lee Boyd
2.3 STREET ADDRESS	370 Elan Village Lane # 322
2.4 CITY-ST-ZIP	FT Myers, FL 33913
3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Stacey Cunningham
3.3 STREET ADDRESS	12654 Shannondale Dr
3.4 CITY-ST-ZIP	FT Myers FL 33913
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 REQUIRED *Barbara Cleaver 4-28-97* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0066729

CR2E037 (9/96)