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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N31867

(7)

WATERFORD VILLAGE COMMUNITY ASSOCIATION, INC.

WINGARD, PAUL 11395 WATERFORD VILLAGE DR 5171-51-21P FORT MYERS FL TO WINDSON, AARON 11410 WATERFORD VILLAGE DR 5171-51-21P TITLE TO WAME HUDSON, AARON 11410 WATERFORD VILLAGE DR 517-51-21P FT. MYERS FL TAYLOR, JACKSON 12 NAME CITY-S1-21P FT. MYERS FL TITLE DELETE 4.1 TITLE VPD AMME CLEAVER, BARBARA 5.2 NAME SIREET ADDRESS GITY-S1-21P TITLE VPD DELETE 5.1 TITLE VPD DELETE 5.1 TITLE CLEAVER, BARBARA 5.2 NAME SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS CITY-S1-21P TITLE DELETE 6.1 TITLE Change Addition The control of the compilion stated in Section 119.07(3)(1), Fiorida Statutes. I further certify that the information supplied with this filing does not qualify the and accurate and that my signature shall have the same legal effect as if made under oath; the and currele and that my signature shall have the same legal effect as if made under oath; the and currele and that my signature shall have the same legal effect as if made under oath; the and currele and that my signature shall have the same legal effect as if made under oath; the currele and that my signature shall have the same legal effect as if made under oath; the currele and that my signature shall have the same legal effect as if made under oath; the currele and that my signature shall have the same legal effect as if made under oath; the currele and that my signature shall have the same legal effect as if made under oath; the currele and that my signature shall have the same legal effect as if made under oath; the currele and that my signature shall have the same legal effect as if ma	WAILH	IFORD VI	LLAGE CUI	MMUNIII	r Assucii	ATION, IN	16.				1 4 4 8 11 12 1	i 111					
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9. Name and Address of Current Registered Agent SAMUEL DOCKERY 11980 FAIRWAY LAKES DRIVE FORT MYERS FL 33913 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above named occopromisins submit in statement for the purpose of changing list registered cylicity or rejustered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of discotors. I hereby accept the appointment as registered days the corporation's board of discotors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of discotors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes, the above named occopromision submits this statement for the purpose of changing list registered cylicity or registered agent, or both, in the State of Florida. Statutes, the above named occopromision's submits this statement for the purpose of changing list registered cylicity or registered agent, or both, in the State of Florida. Statutes, the above named occopromision submits this statement for the purpose of changing list registered cylicity or registered agent, or both, in the State of Florida. Statutes, the above named occopromision submits this statement for the purpose of changing list registered agent. The purpose of discotors. I hereby accept the appointment as registered agent. 11. Pursuant to the provisions of Sections 617,6508, Florida Statutes, the above named occopromision submits in statement for the purpose of changing list registered agent. 12. OFFICIENS AND DIRECTORS. 12. OFFICIENS AND DIRECTORS. 13. TITLE 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONSICHANGES TO OFFICERS	23 FT M	Yers	FL							 							
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FORT MYERS FL 33913 A	[• · · · · · · · · · · · · · · · · · ·										agress (M.U. Box number is not Acceptable)						
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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.	informatio I am an ol	n indicated of fficer or direct	on this annual rector of the corp	eport or sur oration or th	pplemental ar receiver or	nual report la trustee empa	s true and a owered to e	accurate an	d that r	my sion	ature sha uired by C	ill have the Chapter 61	e same leg	al effect a	s if made un	ider oath; that	

SIGNATURE: SIGNATURE REQUIR

Date Deytime Phone # 0066

FILED

May 13 1997 8:00am

Secretary of State