FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N31867

WATERFORD VILLAGE COMMUNITY ASSOCIATION, INC.

Principal Place of Business 11924 FAIRWAY LAKES DR STE 2 FORT MYERS FL 33913

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

11924 FAIRWAY LAKES DR STE 2 FORT MYERS FL 33913

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FILED May 08, 1999 8:00 am § Secretary of State

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3. Date Incorporated or Qualifed

04/21/1989

65-0115096

4. FEI Number

	•				5. Certificate of Status Desired Fee Required	1	
23		28				\dashv	
Zip 24	Country 25	Zip 30	Country	1	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
24]	9. Name and Address of Current	-L-3.1	1		10. Name and Address of New Registered Agent	\Box	
			81	Name		Ì	
FICK, KAR	FN A		82	Street	Address (P.O. Box Number is Not Acceptable)	\dashv	
•	RWAY LAKES DR STE 2			0001		╛	
	ERS FL 33913		83				
TOTAL MILE	110 12 000 10		84	City	85 Zip Code	┪	
			04	City	FL S Ep sous	l	
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	Marin Gate	ck Kar	en A	. Fi		Į	
	Signature, typed or printed name of registered agent	· · · · · · · · · · · · · · · · · · ·		nt signature r	required when reinstating) DATE	\dashv	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DD XXI Change □ Addition	\exists	
TITLE	PD 4 1 - 4 - 1	☐ DELETE	1.1 TITLE		PD X⊠Change □ Addition D'Elia, Christine	"	
NAME	CANNINGTON, STACEY		1.2 NAME		10000 Clarendele Descrip		
STREET ADDRESS	12654 SHANNONDALE DR			T ADDRESS	1		
CITY-ST-ZIP	FT. MYERS FL 33913		1.4 CITY-S	T- ZIP	Fort Myers, FL 33913	ᅴ	
TITLE	VPD	☐ DELETE	2.1 TITLE		VID	"	
NAME	D'ELIA, CHRISTINE		2.2 NAME		Jess, John		
STREET ADDRESS	12620 SHANNONDALE DR		2.3 STREE	TADDRESS	,		
CITY-ST-ZIP	FORT MYERS FL 33913		2.4 CITY-5	ST-ZIP	Fort Myers, FL 33913	\dashv	
TITLE	SD	XX) DELETE	3.1 TITLE		SD XX Change ☐ Addition	1	
NAME	CRUMP, PATRICK		3.2 NAME		Mosley, Robert		
STREET ADDRESS	12596 SHANNONDALE DR		3.3 STREE	TADDRESS	1		
CITY-ST-ZIP	FT. MYERS FL 33913	10.1	3.4. CITY-	ST-ZIP	Fort Myers, FL 33913	_	
TITLE	TD	XX DELETE	4.1 TITLE		TD □ Change X Addition	п	
NAME	REITZ, PAMELA		4. 2 NAME		Subbert, Daniel		
STREET ADDRESS	12634 SHANNONDALE DR		4.3 STREE	T ADDRESS			
CITY+ST-ZIP	FT. MYERS FL 33913		4.4 CITY-S	T-ZIP	Fort Myers, FL 33913	_	
TITLE	D	☐ DELETE	5.1 TITLE		D XX Change ☐ Addition	n	
NAME	MOSLEY, ROBERT		5.2 NAME		Cannington, Stacey		
STREET ADDRESS	11425 WATERFORD VILLAGE DI	₹	5.3 STREE	TADDRESS	12034 Bhamonauro Brito		
CITY-ST-ZIP	FT MYERS FL 33913		5.4 CITY-S	T-ZIP	Fort Myers, FL 33913	4	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	n	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS		j	
CITY OT 7ID			6.4 CITY-5	T-ZIP			

14. 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 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, with all other like empowered.

April 30, 1999

(941)

Applied For

\$8.75 Additional

Not Applicable