

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90107 011 ****61.25

DOCUMENT # N31867

1. Entity Name
WATERFORD VILLAGE COMMUNITY ASSOCIATION, INC.

Principal Place of Business 11924 FAIRWAY LAKES DR STE 2 FORT MYERS FL 33913 US	Mailing Address 11924 FAIRWAY LAKES DR STE 2 FORT MYERS FL 33913-8337 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 24301 Walden Center Dr Suite, Apt. #, etc. Suite 300 City & State Bonita Spring, FL	3. Mailing Address 24301 Walden Center Dr. Suite, Apt. #, etc. Suite 300 City & State Bonita Springs, FL
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4. FEI Number 65-0115096	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired 34134	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
FICK, KAREN A
 11924 FAIRWAY LAKES DR STE 2
 FORT MYERS FL 33913

7. Name and Address of New Registered Agent
 Name
Cullen, James D.
 Street Address (P.O. Box Number is Not Acceptable)
 24301 Walden Center Drive
 City
Bonita Springs FL 34134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE James D. Cullen **JAMES D. Cullen** 4/11/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE PD NAME D'ELIA, CHRISTINE STREET ADDRESS 12620 SHANNONDALE DR. CITY-ST-ZIP FT. MYERS FL 33913	<input checked="" type="checkbox"/> Delete
TITLE VPD NAME JESS, JOHN STREET ADDRESS 11456 WATERFORD VILLAGE CT CITY-ST-ZIP FORT MYERS FL 33913	<input type="checkbox"/> Delete
TITLE SD NAME MOSLEY, ROBERT STREET ADDRESS 11425 WATERFOLD VILLAGE DR. CITY-ST-ZIP FT. MYERS FL 33913	<input checked="" type="checkbox"/> Delete
TITLE TD NAME SUBBERT, DANIEL STREET ADDRESS 11458 WATERFORD VILLAGE CT CITY-ST-ZIP FT. MYERS FL 33913	<input type="checkbox"/> Delete
TITLE D NAME CANNINGTON, STACEY STREET ADDRESS 12654 SHANNONDALE DRIVE CITY-ST-ZIP FT MYERS FL 33913	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME Delacenserie, Thomas STREET ADDRESS 11421 Waterford Village Dr. CITY-ST-ZIP Fort Myers, FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME Grinsell Jon STREET ADDRESS 12649 Shannondale Dr CITY-ST-ZIP Fort Myers, FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE: John A. [Signature] **JOHN A. [Signature]** 03/06/2000 941-947-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE037 (9/99)