

2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 25, 2001 8:00 am Secretary of State

03-29-2001 90414 021 ****61.25

DOCUMENT # N31867

1. Entity Name

WATERFORD VILLAGE COMMUNITY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

24301 WALDEN CENTER DR. STE 300 BONITA SPRINGS FL 34134 US

24301 WALDEN CENTER DR. STE 300 BONITA SPRINGS FL 34134 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0115096

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEW REGISTERED AGENT

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

MILT FLINN 24201 WALDEN CENTER DR. #206 BONITA SPRINGS, FL 334134

~~Walden Center Dr.~~

~~24201 Walden Center Dr.~~

~~Bonita Springs, FL 334134~~

~~FL 334134~~

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	DP	<input checked="" type="checkbox"/>
NAME	Jack JESS	
STREET ADDRESS	11456 Waterford Village Ct.	
CITY-ST-ZIP	Ft. Myers, FL 33913	
TITLE	DVP	<input checked="" type="checkbox"/> Change
NAME	Shelly Thimble	
STREET ADDRESS	11449 Waterford Village Dr.	
CITY-ST-ZIP	Ft. Myers, FL 33913	
TITLE	D	<input checked="" type="checkbox"/> Change
NAME	Thomas Delacensae	
STREET ADDRESS	11421 Waterford Village Dr.	
CITY-ST-ZIP	Ft. Myers, FL 33913	
TITLE	TD	<input checked="" type="checkbox"/> Change
NAME	Jon Grinsell	
STREET ADDRESS	12649 Waterford Village Ct.	
CITY-ST-ZIP	Ft. Myers, FL 33913	
TITLE	SD	<input checked="" type="checkbox"/> Change
NAME	Barbara Gruber	
STREET ADDRESS	11439 Waterford Village Dr.	
CITY-ST-ZIP	Ft. Myers, FL 33913	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-01

Date

Daytime Phone #

CR2E037 (10/00)