

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90106 034 ****61.25

DOCUMENT # N31867

1. Entity Name

WATERFORD VILLAGE COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

Gulf Coast Management Services, Inc.
10060 Amberwood Rd. Suite 4
Ft. Myers, FL 33913

Gulf Coast Management Services, Inc.
10060 Amberwood Rd. Suite 4
Ft. Myers, FL 33913



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0115096

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLINN, MILT
24201 WALDEN CENTER DRIVE
206
BONITA SPRINGS FL 34134

Name

Ken Hayden

Street Address

Gulf Coast Management Services, Inc.

City

10060 Amberwood Rd. Suite 4
Ft. Myers, FL 33913

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or

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** Delete
 NAME **JESS, JACK**
 STREET ADDRESS **11456 WATERFORD VILLAGE CT**
 CITY-ST-ZIP **FORT MYERS FL 33913**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DVP** Delete
 NAME **THIMLAR, SHELLY**
 STREET ADDRESS **11449 WATERFORD VILLAGE DRIVE**
 CITY-ST-ZIP **FORT MYERS FL 33913**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DVP** Delete
 NAME **DELACENSARIE, THOMAS**
 STREET ADDRESS **11421 WATERFORD VILLAGE DRIVE**
 CITY-ST-ZIP **FORT MYERS FL 33913**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **GRINSELL, JON**
 STREET ADDRESS **12649 WATERFORD VILLAGE DRIVE**
 CITY-ST-ZIP **FT. MYERS FL 33913**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **GRUBER, BARBARA**
 STREET ADDRESS **11439 WATERFORD VILLAGE DRIVE**
 CITY-ST-ZIP **FORT MYERS FL 33913**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D Bernice Di Vincenzo** Change Addition
 NAME
 STREET ADDRESS **11404 Waterford Village Ct.**
 CITY-ST-ZIP **Ft. Myers, FL 33913**

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 M. ...
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/25/02
 Date

Daytime Phone #

CR2E037 (9/01)