

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 15, 2003 8:00 am
Secretary of State

08-15-2003 90083 043 ****61.25

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DOCUMENT # N31867

1. Entity Name
WATERFORD VILLAGE COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**24301 WALDEN CENTER DR.
STE 300
BONITA SPRINGS FL 34134
US**

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

2. Principal Place of Business
**c/o Hayden & Associates
21301 S Tamiami Trail, #320
PMB 335
Estero, FL 33928**

3. Mailing Address
**c/o Hayden & Associates
21301 S Tamiami Trail, #320
PMB 335
Estero, FL 33928**



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0115096**

Applied For
Not Applicable

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

**HAYDEN, KEN
10060 AMBERWOOD RD SUITE 4
FORT MYERS FL 33913**

Name **Ken Hayden**
Street Address **21301 S Tamiami Trail, #320 (table)
PMB 335
Estero, FL 33928**
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JESS, JACK 11456 WATERFORD VILLAGE CT FORT MYERS FL 33913	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELACENSARIE, THOMAS 11421 WATERFORD VILLAGE DRIVE FORT MYERS FL 33913	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRINSELL, JON 12649 WATERFORD VILLAGE DRIVE FT. MYERS FL 33913	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRUBER, BARBARA 11439 WATERFORD VILLAGE DRIVE FORT MYERS FL 33913	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIVINCENZO, BERNICE 11404 WATER FORD VILLAGE CT FORT MYERS FL 33913	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joe O'Elia 12620 Shannondale Dr. Fort Myers FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fred Williams 12646 Shannondale Dr. Fort Myers FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bill Bennett 12592 Shannondale Dr Fort Myers FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director
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:

SIGNATURE REQUIRED

08/05/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)