

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**  
 05-05-2001 90822 025 \*\*\*\*61.25

**DOCUMENT # N32101**

1. Entity Name  
**WATERFORD POINTE HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**2180 W SR 434 STE 5000 2180 W SR 434 STE 5000**  
**LONGWOOD FL 32779 LONGWOOD FL 32779**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2948987** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**HART, JAMES W JR**  
**SENTRY MANAGEMENT INC**  
**2180 W SR 434 STE 5000**  
**LONGWOOD FL 32779**

## 7. Name and Address of New Registered Agent

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

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

TITLE NAME ☐ Delete  
**PD KRIBS, W.R. SR.**  
 STREET ADDRESS **1999 W. COLONIAL DR.**  
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE NAME ☒ Delete  
**VTD HURSH, JOSEPH B**  
 STREET ADDRESS **1999 W COLONIAL DR**  
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE NAME ☐ Delete  
**SD BIRKINBINE, CURTIS E.**  
 STREET ADDRESS **1999 W. COLONIAL DR.**  
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☒ Change ☐ Addition  
 STREET ADDRESS **12827 WATER POINTE BLVD**  
 CITY-ST-ZIP **WINDERMERE, FL 34786-5815**

TITLE NAME ☒ Change ☐ Addition  
**STD**  
 STREET ADDRESS **1050 OAK POINT CIR**  
 CITY-ST-ZIP **APOPKA FL 32712**

TITLE NAME ☒ Change ☐ Addition  
**VD**  
 STREET ADDRESS **12731 WATER POINTE BLVD**  
 CITY-ST-ZIP **WINDERMERE, FL 34786-5815**

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 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)(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: **W. KRIBS** SIGNATURE REQUIRED

**4/20/01**

Date Daytime Phone #

CR2E037 (10/00)