

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY 25 PM 12: 29

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N40831 (2)

1. Corporation Name

WATERFORD AT BONITA BAY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% ROBERT G. BROWN
3750 BONITA BAY BLVD
BONITA SPRINGS FL 33923

% ROBERT G. BROWN
3750 BONITA BAY BLVD
BONITA SPRINGS FL 33923

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1990

3a. Date of Last Report

05/27/1994

4. FBI Number

65-0247860

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for interjurisdictional tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 3311 GLEN CAIRN CT.

2a. Mailing Address

26 3311 GLEN CAIRN CT

Suite, Apt. #, etc.

22 APT. 101

Suite, Apt. #, etc.

27 APT. 101

City & State

23 BONITA SPRINGS, FL.

City & State

28 BONITA SPRINGS FL

Zip

24 33923

Country

25 LEE

Zip

29 33923

Country

30 LEE

9. Name and Address of Current Registered Agent

**BROWN, ROBERT G.
3750 BONITA BAY BLVD
BONITA SPRINGS FL 33923**

10. Name and Address of New Registered Agent

81 Name

J. SCOTT LEDY - TRES.

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

3311 GLEN CAIRN CT #101

83

City

BONITA SPRINGS

FL

85 Zip Code

33923

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **J. SCOTT LEDY - TRES.**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **BROWN, ROBERT G.**
STREET ADDRESS **3750 BONITA BAY BLVD**
CITY - ST - ZIP **BONITA SPRINGS FL**

TITLE **VSD**
NAME **BROWN, CAROLYN M.**
STREET ADDRESS **3750 BONITA BAY BLVD**
CITY - ST - ZIP **BONITA SPRINGS FL**

TITLE **STD**
NAME **BROWN, BRADLEY**
STREET ADDRESS **3750 BONITA BAY BLVD**
CITY - ST - ZIP **BONITA SPRINGS FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **TRES.** ☒ Change ☐ Addition
1.2 NAME **J. SCOTT LEDY**
1.3 STREET ADDRESS **3311 GLEN CAIRN CT #101**
1.4 CITY - ST - ZIP **BONITA SPRINGS FL 33923**

2.1 TITLE **REMOVE** ☒ Change ☐ Addition
2.2 NAME **CAROLYN BROWN**
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE **REMOVE** ☒ Change ☐ Addition
3.2 NAME **BRADLEY BROWN**
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE **PRESIDENT D** ☒ Change ☐ Addition
4.2 NAME **John Thompson**
4.3 STREET ADDRESS **3320 Glencairn Ct. #102**
4.4 CITY - ST - ZIP **Bonita Springs, FL 33923**

5.1 TITLE **VICE PRESIDENT - SECRETARY** ☒ Change ☐ Addition
5.2 NAME **Mary Gould**
5.3 STREET ADDRESS **3320 Glencairn Ct #101**
5.4 CITY - ST - ZIP **Bonita Springs, FL 33923**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS **Deposited by Bank**
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **J. SCOTT LEDY - TRES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/95

Date

813-992-9213

Daytime Phone