

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N40831 (2)

1. Corporation Name

WATERFORD AT BONITA BAY ASSOCIATION, INC.



Principal Place of Business

3311 GLEN CAIRN CT  
APT 101  
BONITA SPRINGS FL 33923

Mailing Address

3311 GLEN CAIRN CT  
APT 101  
BONITA SPRINGS FL 33923

3. Date Incorporated or Qualified  
11/13/1990

3a. Date of Last Report  
05/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI 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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEDY, J. SCOTT  
3311 GLEN CAIRN CT  
#101  
BONITA SPRINGS FL 33923

81 Name

D.G. Switor & Assoc, Inc

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

1661 Estero Blvd Suite 27A

83

P.O. Box 6017

84 City

Fort Myers Beach FL

85 Zip Code

33932

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

DOUGLAS G. SWITOR

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

LEDY, J. SCOTT  
3311 GLEN CAIRN CT, #1101  
BONITA SPRINGS FL 33923

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
THOMPSON, JOHN  
3320 GLENCAIRN CT #102  
BONITA SPRINGS FL 33923

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VSD  
GOULD, MARY  
3320 GLENCAIRN CT #101  
BONITA SPRINGS FL 33923

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 119.07(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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Scott Ledy

1/16/96 941-992-9213  
Date Date/Time Phone

CR2E037 (12/95)