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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
~~3311 GLEN CAIRN CT~~ ~~APT 101~~ ~~BONITA SPRINGS FL 33923~~	3311 GLEN CAIRN CT APT 101 BONITA SPRINGS FL 34134-2658

3. Date Incorporated or Qualified: 11/13/1990
3a. Date of Last Report: 04/29/1996

2. Principal Place of Business	2a. Mailing Address
21 3461 Bonita Bay Blvd.	26 3461 Bonita Bay Blvd
Suite, Apt. #, etc. 22 Suite 201	Suite, Apt. #, etc. 27 Suite 201
City & State 23 Bonita Springs, FL	City & State 28 Bonita Springs, FL
Zip 24 34134 Country 25 USA	Zip 29 34134 Country 30 USA

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
~~D.G. SUITOR & ASSOCIATES INC~~ ~~1661 ESTERO BLVD SUITE 27A~~ ~~P.O. BOX 6017~~ ~~FORT MYERS BEACH FL 33932~~	81 Name: Steve Lentz 82 Street Address (P.O. Box Number is Not Acceptable): 3461 Bonita Bay Blvd. 83 Suite 201 84 City: Bonita Springs FL 85 Zip Code: 34134

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: X Steve Lentz — X — X 4-30-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	I	☐ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	LEDY, J. SCOTT		1.2 NAME		
STREET ADDRESS	3311 GLEN CAIRN CT, #1101		1.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL ~~33923~~		1.4 CITY-ST-ZIP	34134	
TITLE	~~PD~~	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	~~THOMPSON, JOHN~~		2.2 NAME	JIM SYKES	
STREET ADDRESS	~~3320 GLENCAIRN CT #102~~		2.3 STREET ADDRESS	3301 GLENCAIRN CT # 102	
CITY-ST-ZIP	BONITA SPRINGS FL ~~33923~~		2.4 CITY-ST-ZIP	34134	
TITLE	~~VSD~~	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GOULD, MARY		3.2 NAME		
STREET ADDRESS	3320 GLENCAIRN CT #101		3.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL ~~33923~~		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	T/D	☐ Change ☒ Addition
NAME			4.2 NAME	JOHN FINLEY	
STREET ADDRESS			4.3 STREET ADDRESS	3310 GLENCAIRN CT #202	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE		☐ DELETE	5.1 TITLE	D/VP	☐ Change ☒ Addition
NAME			5.2 NAME	CAL WALKER	
STREET ADDRESS			5.3 STREET ADDRESS	3301 GLENCAIRN CT # 203	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE		☐ DELETE	6.1 TITLE	S/D	☒ Change ☐ Addition
NAME			6.2 NAME	Patti Rodgers	
STREET ADDRESS			6.3 STREET ADDRESS	3321 Glencairn Ct # 202	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Bonita Springs FL 34134	

CR2E037 (9/96)

14. I do 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 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: X Jim Sykes JIM SYKES — X 4/30/97 — X (941) 947-4552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0060329