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04-21-1999 90129 042 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N40831**

1. Corporation Name

WATERFORD AT BONITA BAY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3461 BONITA BAY BLVD SUITE 201 BONITA SPRINGS FL 34134 US	3461 BONITA BAY BLVD SUITE 201 BONITA SPRINGS FL 34134 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualifed: 11/13/1990

4. FEI Number: 65-0247860 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

LENTZ, STEVE
3461 BONITA BAY BLVD
SUITE 201
BONITA SPRINGS FL 34134

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	GOULD, JOHN		1.2 NAME		
STREET ADDRESS	3320 GLENCAIRO CT STE 4-101		1.3 STREET ADDRESS	3320 Glencairn Ct. #101	
CITY-ST-ZIP	BONITA SPRINGS FL 34134		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE	Director	☒ Change ☐ Addition
NAME	SYKES, JIM		2.2 NAME		
STREET ADDRESS	3301 GLENCAIRN CT #102		2.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL		2.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	3.1 TITLE	Secty / Treas / Dir.	☐ Change ☒ Addition
NAME	FINLEY, JOHN		3.2 NAME	Ledy J. Scott	
STREET ADDRESS	3310 GLENCAIRN CT #202		3.3 STREET ADDRESS	3311 Glencairn Ct. #101	
CITY-ST-ZIP	BONITA SPRINGS FL		3.4 CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WALKER, CAL		4.2 NAME		
STREET ADDRESS	3301 GLENCAIRN CT #203		4.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	GESMUNDO, GERRY		5.2 NAME	Gesmundo, Virginia	
STREET ADDRESS	3361 GLUNCAIRN CT STE 6104		5.3 STREET ADDRESS	3361 Glencairn Ct. #104	
CITY-ST-ZIP	BONITA SHORES FL 34134		5.4 CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: X Catherine A. Gould REQUIRED 4/9/99 (941) 992-7619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037_(11/98)