

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 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 # **N46986 (8)**  
1. Corporation Name  
**WATERFORD PARK OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**5000 NW 27TH CT., SUITE C  
GAINESVILLE FL 32606**

Mailing Address  
**P.O. BOX 147050-30  
GAINESVILLE FL 32614**

3. Date Incorporated or Qualified **01/22/1992** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business  
21 **2830 NW 41 St.**

4. FEI Number **59-3110007** Applied For  Not Applicable

Suite, Apt. #, etc.  
22 **Suite F**

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

City & State  
23 **Gainesville, FL.**

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

Zip Country  
24 **32606** 25

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

26 Mailing Address  
27 Suite, Apt. #, etc.

9. Name and Address of Current Registered Agent  
**ASSOCIATION MANAGEMENT SERVICES OF GAINESV  
5000 NW 27TH CT., SUITE C  
GAINESVILLE FL 32606**

10. Name and Address of New Registered Agent  
81 Name **Smith, Beverly K.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2830 NW 41 St.**

83 Suite F  
84 City **Gainesville** 85 Zip Code **FL 32606**

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 *Sandra B. Mortham* **4-30-97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WORTHINGTON, NANCY DR.	
STREET ADDRESS	5528 NW 43RD STREET	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	WITT, WILLIAM DR.	
STREET ADDRESS	5622 NW 43RD STREET	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	AREY, SANDRA DR.	
STREET ADDRESS	5618 NW 43RD STREET	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dr. Thomas Benton	
1.3 STREET ADDRESS	3546 NW 23 Pl.	
1.4 CITY-ST-ZIP	Gainesville, FL. 32605	
2.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John B. May	
2.3 STREET ADDRESS	9910 NW 53 Ave.	
2.4 CITY-ST-ZIP	Gainesville, FL. 32606	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	William Witt	
3.3 STREET ADDRESS	5622 NW 43 St.	
3.4 CITY-ST-ZIP	Gainesville, FL. 32653	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 or changed, or on an attachment with addresses.

SIGNATURE: *[Signature]* **4/25/97 352-378-3039**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0077888

CR2E037 (9/96)