

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90191 035 ****61.25

0083921

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N46986

1. Corporation Name

WATERFORD PARK OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2830 NW 41 ST.
F
GAINESVILLE FL 32606
US

P.O. BOX 147050-30
GAINESVILLE FL 32614-7050



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/22/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3110007

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, BEVERLY K.
2830 NW 41 ST.
STE. F
GAINESVILLE FL 32606

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD DELETE
NAME BENTON, THOMAS DR.
STREET ADDRESS 3546 NW 23 PLACE
CITY-ST-ZIP GAINESVILLE FL

1.1 TITLE VD Change Addition
1.2 NAME Bosshardt, Carol
1.3 STREET ADDRESS 5542 NW 43 Street
1.4 CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE PD DELETE
NAME WITT, WILLIAM DR.
STREET ADDRESS 5622 NW 43RD STREET
CITY-ST-ZIP GAINESVILLE FL

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

TITLE STD DELETE
NAME MAY, JOHN B.
STREET ADDRESS 5522 NW 43ST, SUITE A
CITY-ST-ZIP GAINESVILLE FL 32653

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/99 322-328-3139

CR2E037 (11/98)