

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2000 8:00 am**  
**Secretary of State**

07-24-2000 90015 019 \*\*\*\*61.25

**DOCUMENT # N46986**

1. Entity Name

**WATERFORD PARK OWNERS ASSOCIATION, INC.** ✓

Principal Place of Business

Mailing Address

2830 NW 41 ST., SUITE F  
 GAINESVILLE FL 32606  
 US

P.O. BOX 147050-30  
 GAINESVILLE FL 32614

2. Principal Place of Business

3. Mailing Address

2830 NW 41 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite F

City & State

City & State  
 Gainesville FL

Zip

Country

Zip

Country

32606

USA

4. FEI Number

59-3110007

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

PAT TRIPPE

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

2830 NW 41 ST.

Suite F

City

Gainesville

FL

Zip Code

32606

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME VD  
 BOSSHARDT, CAROL  
 STREET ADDRESS 5542 NW 43RD STREET  
 CITY-ST-ZIP GAINESVILLE FL 32606

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like entries.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/21/00 352-983-135

CR2E037 9/99