

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90108 040 ****61.25

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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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

Tippe, Pat

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

4400 NW 30th Ave

City

Gainesville

FL

Zip Code

32604

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

Pat Tippe

PAT TIPPE

4-27-01

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	VD	<input type="checkbox"/> Delete
NAME	BOSSHARDT, CAROL	
STREET ADDRESS	5542 NW 43RD STREET	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WITT, WILLIAM DR.	
STREET ADDRESS	5622 NW 43RD STREET	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MAY, JOHN B.	
STREET ADDRESS	5522 NW 43ST, SUITE A	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE:

John B. May

4/27/01

3523787406

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)