

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

8/29/2003-90094-043-\$61.25-\$61.25

DOCUMENT # N46986  
 1. Entry Name  
Waterford Park Owners Association, Inc



**FILED**  
 03 DEC 16 PM 2:48  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
4400 NW 30th Ave  
 Suite, Apt. #, e.c.

3. Mailing Address  
4400 NW 30th Ave  
 Suite, Apt. #, e.c.

**REINSTATEMENT** 9  
 DO NOT WRITE IN THIS SPACE

City & State  
Gainesville, FL

City & State  
Gainesville, FL

Zip  
32606 Country  
US

Zip  
32606 Country  
US

4. FEI Number  
59-3110001

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
 Name: Management Specialists  
 Street Address (P.O. Box Number is Not Acceptable):  
4400 NW 30th Ave  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [Signature] Pat Lipe 100024985161  
 11/24/03--01111--007 \*\*175.00

(NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25  
 Initial or Amended UBR

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

Make Check Payable to  
 Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PP</u> <u>May, John</u> <u>9910 NW 53 Ave</u> <u>Gainesville, FL 32653</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VPD</u> <u>Witt, William</u> <u>5022 NW 43rd St</u> <u>Gainesville, FL 32653</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>STD</u> <u>Bosshardt, Carol</u> <u>5542 NW 43rd St</u> <u>Gainesville, FL 32653</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>

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 on an attachment with an address, with all other listed powers.

SIGNATURE: [Signature] William Witt 2003 Dec 15 (351) 513-1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dr. William Witt

December 15, 2003

CR2E037B (12/02)