NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS



98 APR -6 AM II: 06

DOCUI	MENT # In Name	N92000) 000099 (3	3) ₍₁₎	w.	The.	1,	SECRETARY C TALLAHASSEE,	는 STAT ELORIE	<u>።</u> ንል
DOCUMENT # N9200000099 (3) WAY, JNC. 12. I. Corporation Name WATERFORD IV. INC. WATERFORD ON APRIL WAT							MEDALIAGORES	T GOT III	.// (
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WILL C. WATERIOUS ON MY (See MATE										
Frincipal Flace of business Mailing Address									12.1.0 72.1 142.1	
1350 WORTHINGTON WAY BONITA SPRINGS FL 34135			13500 WORTHINGTON WAY BONITA SPRINGS FL 33923			3. Date Incorporated or Qualified				
US			US				11/03/1992			
								4. FEI Number		pplied For
2. Principal P	lace of Business	2a. Maiting Address	2a. Mailing Address				65-0366674		ot Applicable	
21		26				5. Certificate of Status Desired		Additional equired		
Suite, Apt	#, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing	\$5.00			
22		27				Trust Fund Contribution	Added (
City & Stat	е	City & State				7. Is this nonprofit corporation a homeowners association?				
Zip Country			Zip Country				☐ Yes ☐ No			
24	25	29 30					8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered A		
81 Name									-	
KRAUS, CHERYL R P.A.					82	Street A	Addres	ss (P.O. Box Number is Not Acceptable)		
1100 FIFTH AVENUE SOUTH, 3201										
NAPLES FL 34102					83					
					84 City FL 85				85 Zip	Code
11. Pursuant to the provisions of Sections 617 0502 and 6170 508 Marida Statutes						a-named	corpoi		hanaina i	to registered
11. Pursuant to the provisions of Sections 617.0502 and 617, 508, Forida 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 Floridal Such change registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the obligations of pacture 617, 9503 Florida Statutes.										registered
	im ramivar wild, and	acceptate objection		TOTAL STA	itutes	i.		3/27/9	Q	
SIGNATURE	Signature, typed or pehiod	name of registered agent s	and title if applicable. (NO	OTE: Register	ed Age	nt signature	required	I when reinstating) DATE	0	
12.		OFFICERS AND I		13.				ADDITIONS/CHANGES TO OFFICERS AND I		
TITLE	DP (~ · · · · · · · · · · · · · · · · · · ·	\ □ DELETE		ITLE			L	Change	Addition
NAME	KARSTEDT, KE) 0.	.02	IAME			0000024829	aram	· · · · · · · · · · · · · · · · ·
STREET ADDRESS	13500 WORTHINGTON WAY BONITA SPRINGS FL		<i>\ \</i> "	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			04/08/9301086014			
CITY-ST-ZIP TITLE	DT DT	IGO FL	CA II WAFEE	2.1 1		T - ZiP		*****61.25		- Addition
NAME	HENTHORN, R	OBERT 7	Christ Charles	1	IAME			**************************************	作者等(等等	6H.25
STREET ADDRESS	13500 WORTH		(°,130)	2.3 STREET ADDRES						
CITY-ST-ZIP	BONITA SPRINGS FL		2.4	2. 4 CITY-ST-ZIP						
TITLE	DS DELETE		3.11	ITLE				Change	Addition	
NAME	SPADA, NANCY		3.2 h	3.2 NAME						
STREET ADDRESS	13500 WORTH		1			address				
CITY-ST-ZIP	BONITA SPRIN	US FL 2	☐ DELETE		CITY-S	T-ZIP			Change	Additio-
TITLE NAME			☐ nerei£	4.1 7				L	Change	Addition
STREET ADDRESS					NAME STREET .	ADDRESS				
CITY-ST-ZIP					XTY-SI	· I				
TITLE			DELETE	5.1 7		. 2.17			Change	Addition
NAME				5.2 6	IAME					
STREET ADDRESS				5.3 \$	TREET	ADDRESS		1 I hav		
CITY-ST-ZIP			· • • • • • • • • • • • • • • • • • • •	_	:ITY - ST	T- ZIP		<u>\1.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>		
TITLE			DELETE	6.1 T				V 101.198 L	_ Change	Addition
NAME CYPECT APPROVES				6.2 N		4000555		4191°		
STREET ADDRESS					TREET A	ADDRESS		`\ 1		
UILL-SI-/IP				■ 64 F						

14. It 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.