FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9200000099

1. Corporation Name

WATERFORD-WORTHINGTON WAY, INC.

Principal Place of Business
13500 WORTHINGTON WAY
BONITA SPRINGS FL 34135
US

2. Principal Place of Business

Mailing Address

2a. Mailing Address

13500 WORTHINGTON WAY BONITA SPRINGS FL 33923

US

FILED Apr 07, 1999 8:00 am § Secretary of State

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3. Date Incorporated or Qualifed

21		•	26					11/03/1992	
Suite, Apt. #, etc.			1-0,	Suite, Apt. #, etc.				4. FEI Number Applied For	
22				27				65-0366674 Not Applicable	
City & State				City & State				5. Certificate of Status Desired \$8.75 Additional	
23				28				5. Certificate of Status Desired Fee Required	
Zip	·			Zip Country				6. Election Campaign Financing \$5.00 May Be	
24	25 29 30							Trust Fund Contribution Added to Fees	
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
"						81 Name			
KRAUS, CHERYL R P.A.						82 Street Address (P.O. Box Number is Not Acceptable)			
1100 FIFTH AVENUE SOUTH, 3201									
NAPLES FL 34102					83	83			
					84	84 City 85 Zip Code			
							•	FL	
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 p	printed name of registered agent	and titie	if applicable. (NOTE: Re	gistered Agen	t sig	nature required v	when reinstating) DATE	
12.		OFFICERS AND	DIR		13.		1 4	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP			☐ / DELETE	1.1 TITLE		D+	Change GAddition	
NAME	KARSTEDT,	KENNETH			1.2 NAME		1/2	ON COMSTOCK WAY # 1910	
STREET ADDRESS		THINGTON WAY			1.3 STREET	ADI	DRESS /3	640 20171110000000000000000000000000000000	
CITY-ST-ZIP	BONITA SPI	RINGS FL			1.4 CITY-\$1	T-ZI	· 156	DUINA SPRINGS, FL. SH35	
TITLE	DT			T DELETE	2.1 TITLE		DV	☐ Change ☐ Addition	
NAME	HENTHORN	, robert			2.2 NAME		$- \mathcal{D}_{i} $	AULD REUMOND (AV# 1811	
STREET ADDRESS	13500 WOR	THINGTON WAY.			2.3 STREET	ADI	DRESS 13	630 WORTHINGTON WAY	
CITY-ST-ZIP	BONITA SPI	rings fl			2.4 CITY-S	(T-Z)	P 15	HUID RED MOND 630 WORTHINGTON WAY # 1811. 630 WORTHINGS, FL 34135 Change Maddition	
TITLE	DS			□ DELETE	3.1 TITLE		Pu	Change Addition	
NAME	SPADA, NAI	NCY			3.2 NAME		I R	DN MC KECHNEY	
STREET ADDRESS	13500 WOR	THINGTON WAY			3.3 STREET	ADI	DRESS /=	3611 WORTHINGTON VVAT 1 304	
CITY-ST-ZIP	BONITA SPI	·			3.4. CITY-S	T-ZI	p	Change Maddition DON MC KECHNEY BOUTA SPRINGS, FL. 34/35 Change CLANGE	
TITLE				☐ DELETE	4.1 TITLE		ρ :	Change Addition	
NAME					4. 2 NAME		1	1.11	
STREET ADDRESS					4.3 STREET	ΓADA	DRESS 13	3611 WORTHINGTON WAY # 1312	
CITY-ST-ZIP					4.4 CITY-ST	T- ZI!	, <u> </u> 2	ONIVA SPRINGS, FL 34135	
TITLE				☐ DELETE	5.1 TITLE				
NAME					5.2 NAME		=	SOUTH TALINGS, FL 34135	
STREET ADDRESS					5.3 STREET	ľΩA	DRESS 13	640 WORTHINGTON WHYT 1908	
CITY-ST-ZIP					5.4 CITY-ST	T- ZII	$_{\mathbb{Z}}$	BONITA SALINGS, FL 34135	
TITLE!				☐ DELETE	6.1 TITLE			☐ Change ☐ Addition	
NAME 3					6.2 NAME				
STREET ADDRESS					6.3 STREET	r AD(DRESS	•	
CITY-ST-ZIP					6.4 CITY- ST	T-ZIF	-		
	certify that the i	nformation cumplied with	h this :	filing does not qualify for th	e evemnti	ion	stated in Se	ection 119.07(3)(i). Florida Statutes, I further certify that the information	

indicated on this annual report or supplied with an address, in the exemption stated in Section 118.07(5)(f), Florida Statutes. In urner 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.