

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.**  
**AMOUNT DUE ON OR BEFORE 2/18/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE 2/18/94: \$375)**

**APPROVED  
AND  
FILED**

94 JUL 12 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1994



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N93000003972 (7)**

1. Corporation Name

**WATERFORD RIDGE PROPERTY OWNERS' ASSOCIATION, INC.**

Mailing Address  
2020 CLUBHOUSE DR.  
SUN CITY CENTER FL 33570

Principal Place of Business  
2020 CLUBHOUSE DR.  
SUN CITY CENTER FL 33570

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

09/01/1993

4. FEI Number

59-3236769

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

8. This corporation has liability for multiple tax under § 199.032, Florida Statutes  Yes  No

2. Mailing Address

2a. Principal Place of Business

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STARKEY JERRY L  
2020 CLUBHOUSE DR.  
SUN CITY CENTER FL 33570

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required after 1/1/94)

DATE

12. OFFICERS AND DIRECTORS

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D
12 NAME	KELSEY PATRICIA A
13 STREET ADDRESS	2020 CLUBHOUSE DR.
14 CITY - ST - ZIP	SUN CITY CENTER FL 33570
21 TITLE	V/D
22 NAME	GASKILL HAROLD B
23 STREET ADDRESS	2020 CLUBHOUSE DR.
24 CITY - ST - ZIP	SUN CITY CENTER FL 33570
31 TITLE	S/T/D
32 NAME	FLINN MILTON
33 STREET ADDRESS	2020 CLUBHOUSE DR.
34 CITY - ST - ZIP	SUN CITY CENTER FL 33570
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

11 TITLE	
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41 TITLE	
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43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

*gpl*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and apply 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 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia A. Kelsey*  
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

STATE

REGISTRATION NUMBER