


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED  
1995 FEB 23 AM 9:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N93000003972 (7)**  
1. Corporation Name  
**WATERFORD RIDGE PROPERTY OWNERS' ASSOCIATION, IN C.**

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

DO NOT WRITE IN THIS SPACE

9. Date Incorporated or Qualified **09/01/1993** 3a. Date of Last Report **07/01/1994**

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  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent  
**STARKEY, JERRY L.  
2020 CLUBHOUSE DR.  
SUN CITY CENTER FL 33570**

10. Name and Address of New Registered Agent

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, 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, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME **KELSEY, PATRICIA A**  
STREET ADDRESS **2020 CLUBHOUSE DR.**  
CITY - ST - ZIP **SUN CITY CENTER FL 33570**

TITLE VD  
NAME **GASKILL, HAROLD B**  
STREET ADDRESS **2020 CLUBHOUSE DR.**  
CITY - ST - ZIP **SUN CITY CENTER FL 33570**

TITLE STD  
NAME **FLINN, MILTON**  
STREET ADDRESS **2020 CLUBHOUSE DR.**  
CITY - ST - ZIP **SUN CITY CENTER FL 33570**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

600001415346  
-02/24/95--01112--003  
\*\*\*788.00 \*\*\*130.00

2-23

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 110.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE: *Patricia A. Kelsey* 1/23/95  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MEMBER OR DIRECTOR (Date) (Signature Fee \$)