FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION AMNUAL REPORT

14. I do hereby certify that the information of applied with certify that the information indicated on this annual cath; that I am an officer or director of the corporate.

appears in Block 12 or Block 13 if

SIGNATURE: >



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

1996

N93000003972 (7) **DOCUMENT #**

WATERFORD RIDGE PROPERTY OWNERS' ASSOCIATION, IN C.

Principal Place of Business Mailing Address 2020 CLUBHOUSE DR. 2020 CLUBHOUSE DR. SUN CITY CENTER FL 33570 SUN CITY CENTER FL 33570 3a. Date of Last Report 3. Date Incorporated or Qualified 09/01/1993 02/23/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-3236769 21 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite. Apt. #, etc. 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Added to Fees 23 28 Trust Fund Contribution Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 STARKEY, JERRY L Street Address (P.O. Box Number is Not Acceptable) 2020 CLUBHOUSE DR. 93 SUN CITY CENTER FL 33570 City 84 85 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE PΩ 1.2 NAME KELSEY, PATRICIA A NAME 2020 CLUBHOUSE DR. 1.3 STREET ADDRESS STREET ADDRESS SUN CITY CENTER FL 33570 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ■ Addition 2.1 TITLE TITLE ٧D GASKILL, HAROLD B 2.2 NAME NAME 2020 Clubhouse Dr. 2.3 STREET ADDRESS STREET ADDRESS SUN CITY CENTER FL 33570 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TOLE TITLE STD FLINN, MILTON 32 NAME NAME 2020 CLUBHOUSE DR. 3 3 STREET ADDRESS STREET ADDRESS SUN CITY CENTER FL 33570 34. City-ST-ZiP CITY-ST-ZIP 9000013016666 ☐ Addition DELETE 41 TITLE TITLE -04/30/96--01035--023 4. 2 NAME NAME ***81.25 STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 T(T) F TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition DELETE TITLE 6.1 TITLE NAME 62 NAME **63 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further eport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under on or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name in attachment with an address.

Milton Flinn 3-8-96 813-634-3311

(12/95)

CR2E037