

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003972 (7)**

1. Corporation Name
WATERFORD RIDGE PROPERTY OWNERS' ASSOCIATION, IN C.



Principal Place of Business 2020 CLUBHOUSE DR. SUN CITY CENTER FL 33570	Mailing Address 2020 CLUBHOUSE DR. SUN CITY CENTER FL 33573-5914
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3. Date Incorporated or Qualified 09/01/1993	3a. Date of Last Report 04/30/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3236769	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

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 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) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KELSEY, PATRICIA A	1.1 TITLE	PD BEYER, JR, R.C.
NAME	2020 CLUBHOUSE DR.	1.2 NAME	2020 CLUBHOUSE DR
STREET ADDRESS	SUN CITY CENTER FL 33570	1.3 STREET ADDRESS	SUN CITY CENTER, FL 33573
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD GASKILL, HAROLD B	2.1 TITLE	VD NELSON, GARY
NAME	2020 CLUBHOUSE DR.	2.2 NAME	2020 CLUBHOUSE DR
STREET ADDRESS	SUN CITY CENTER FL 33570	2.3 STREET ADDRESS	SUN CITY CENTER, FL 33573
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	STD FLINN, MILTON	3.1 TITLE	
NAME	2020 CLUBHOUSE DR.	3.2 NAME	
STREET ADDRESS	SUN CITY CENTER FL 33570	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the 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, or on an attachment with an address.

SIGNATURE: **Walter Beyer, Jr** 31 MAR 97 802378200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0046393

CR2E037 (9/96)