

13

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003972

1. Corporation Name

WATERFORD RIDGE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

2020 CLUBHOUSE DR.
SUN CITY CENTER FL 33570

Mailing Address

2020 CLUBHOUSE DR.
SUN CITY CENTER FL 33570



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/01/1993

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3236769

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

FLINN, MILTON
2020 CLUBHOUSE DRIVE, C/O FDC
SUN CITY CENTER FL 33573

10. Name and Address of New Registered Agent

81 Name R.C. BEYER, JR.
82 Street Address (P.O. Box Number is Not Acceptable)
2020 CLUBHOUSE DR.
83
84 City SUN CITY CENTER FL 85 Zip Code 33573

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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BEYER, JR. R	
STREET ADDRESS	2020 CLUBHOUSE DR.	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NELSON, GARY	
STREET ADDRESS	2020 CLUBHOUSE DR.	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	FLINN, MILTON	
STREET ADDRESS	2020 CLUBHOUSE DR.	
CITY-ST-ZIP	SUN CITY CENTER FL 33570	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED, JR, PRES 8/26/99 237-8200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (11/98)