

AMENDED

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

09-10-2002 90236001 ****61.25
N93000003972

02 SEP 18 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93 00000 3972
1. Entity Name **WATERFORD RIDGE PROPERTY OWNERS'
ASSOCIATION, INC**

80137300

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **2020 CLUBHOUSE DR.**
Suite, Apt. #, etc.

3. Mailing Address **2020 CLUBHOUSE DR.**
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **SUN CITY CENTER, FL** City & State **SUN CITY CENTER, FL**
Zip **33573** Country **USA** Zip **33573** Country **USA**

4. FEI Number **59-3236769** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name **CATHY KUREK**
Street Address (P.O. Box Number is Not Acceptable) **2020 CLUBHOUSE DRIVE**
City **SUN CITY CENTER FL** Zip Code **33573**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Cathy Kurek* **CATHY KUREK** 6/28/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **BROCK, PETER**
STREET ADDRESS **2115 PLATINUM DR**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD**
NAME **HOWARTH, HOWARD**
STREET ADDRESS **2133 PLATINUM DR**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD**
NAME **AFFRONTI, SAM**
STREET ADDRESS **2140 PLATINUM DR**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or on an attachment with an address, with all other like empowerings.

SIGNATURE: *P. J. Brock* **P. J. Brock** 9/03/02 813 633-2901
Signature, typed or printed name of signing officer or director. Date. Daytime Phone #

CR2E037B (12/01)