

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90286 002 \*\*\*\*61.25

**DOCUMENT # N93000003972**  
 1. Entity Name  
**WATERFORD RIDGE PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
 2020 CLUBHOUSE DR  
 SUN CITY CENTER, FL 33573 US

Mailing Address  
 2020 CLUBHOUSE DR  
 SUN CITY CENTER, FL 33573 US

**50023449**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01282005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
 59-3236769

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**KUREK, CATHY**  
 2020 CLUBHOUSE DR  
 SUN CITY CENTER, FL 33573

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Cathy Kurek* DATE **2/11/05**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STURDEVANT, TY <input checked="" type="checkbox"/> Delete 2111 PLATINUM DR. SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MANGANARO, CAROL <input checked="" type="checkbox"/> Delete 2124 PLATINUM DR. SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete FERGUSON, CHET 2130 PLATINUM DR. SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>JAMES E. BEUKEN</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2130 PLATINUM DR SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>FERGUSON, CHET</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2130 PLATINUM DR SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPP <b>May, Richard</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2111 Platinum Dr. Sun City Center, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James E. Beuken*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **2/10/05** DAYTIME PHONE #: **813 633 1614**