

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N93000004714 (2)**

1. Corporation Name:

WATERFORD VI, INC.



Principal Place of Business

Mailing Address

13500 WORTHINGTON WAY
BONITA SPRINGS FL 33923
US

13500 WORTHINGTON WAY
BONITA SPRINGS FL 33923
US

| | |
|--|--|
| 3. Date Incorporated or Qualified 10/19/1993 | 3a. Date of Last Report 04/14/1995 |
| 4. FEI Number 65-0450502 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---------------------------------|-------------------------|
| 21. Principal Place of Business | 2a. Mailing Address |
| 22. Suite, Apt. #, etc | 26. Suite, Apt. #, etc. |
| 23. City & State | 27. City & State |
| 24. Zip | 28. Zip |
| 25. Country | 29. Country |
| 30. Country | |

| | | | | | | | |
|--|--|--|--|--|--------------------------------------|-----------|-----------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| BRUSCHER, JOHN N 808 FIFTH AVENUE S X SUITE 210X NAPLES FL 33940X | | | | 81. Name | Cheryl R. Kraus, P.A. | | |
| | | | | 82. Street Address (P.O. Box Number is Not Acceptable) | 1100 Fifth Avenue South, #201 | | |
| | | | | 83. | | | |
| | | | | 84. City | Naples, | 85. State | FL |

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 617.0508, Florida Statutes.

SIGNATURE: *Cheryl R. Kraus* **CHERYL R. KRAUS** **4-29-96**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | D <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DARRAGH, JEFF | 1.2 NAME | Hammond, Russell |
| STREET ADDRESS | 13500 WORTHINGTON WAY | 1.3 STREET ADDRESS | 13500 Worthington Way |
| CITY-ST-ZIP | BONITA SPRINGS FL | 1.4 CITY-ST-ZIP | Bonita Springs, Fl 33923 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | DVT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARDY, PAUL | 2.2 NAME | Trimarchi, Joseph |
| STREET ADDRESS | 13500 WORTHINGTON WAY | 2.3 STREET ADDRESS | 13500 Worthington Way |
| CITY-ST-ZIP | BONITA SPRINGS FL | 2.4 CITY-ST-ZIP | Bonita Springs, Fl 33923 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | DVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TOLSON, RENEE | 3.2 NAME | Higgins, Charles |
| STREET ADDRESS | 13500 WORTHINGTON WAY | 3.3 STREET ADDRESS | 13500 Worthington Way |
| CITY-ST-ZIP | BONITA SPRINGS FL | 3.4 CITY-ST-ZIP | Bonita Springs, Fl 33923 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | 300001843273 |
| STREET ADDRESS | | 6.3 STREET ADDRESS | -05/29/96--01119--043 |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | ***61.25 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE: *Russell Hammond* **RUSSELL HAMMOND** **4/26/96**
Signature typed or printed name of signing officer or director Date Daytime Phone

CR2E037 (12/95)