

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 9:11

DOCUMENT # **N93000005694 (5)**

1. Corporation Name

WATERFORD PLACE HOMEOWNERS ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Making Address
400 ST. ANDREWS BOULEVARD -
MELBOURNE FL 32940
US
2 Suntree Place
Melbourne, FL 32940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/20/1993	3a. Date of Last Report 06/16/1994
4. FEI Number 59-3216426	Applied For 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business 2 Suntree Place Suite, Apt. #, etc.	26. Mailing Address 2 Suntree Place Suite, Apt. #, etc.
22. City & State Melbourne, Florida	27. City & State Melbourne, Florida
23. Zip 32940 Country US	28. Zip 32940 Country US

9. Name and Address of Current Registered Agent PEEPLES, JAMES W III 505 N. ORLANDO AVE. 4TH FLOOR COCOA BEACH FL 32932-0757		10. Name and Address of New Registered Agent	
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when transferring) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LYNDS, ROBERT B.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400 ST. ANDREWS BOULEVARD	1.2 NAME	
STREET ADDRESS	MELBOURNE FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VD LETHONE, JOYCE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400 ST. ANDREWS BOULEVARD	2.2 NAME	Haley, John D.
STREET ADDRESS	MELBOURNE FL -	2.3 STREET ADDRESS	2 Suntree Place
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Melbourne, FL 32940
TITLE	STD MCGORMICK, KATHY-	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400 ST. ANDREWS BOULEVARD -	3.2 NAME	Shepard, Kellie
STREET ADDRESS	MELBOURNE FL	3.3 STREET ADDRESS	2 Suntree Place
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Melbourne, FL 32940
TITLE		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		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		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 a trustee 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.

SIGNATURE: Kellie Shepard Kellie Shepard 04/20/95 407 242-6210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)