

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N93000005694 (5)**

1. Corporation Name

**WATERFORD PLACE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business: **2 SUNTREE PLACE MELBOURNE FL 32940 US**  
Mailing Address: **2 SUNTREE PLACE MELBOURNE FL 32940 US**

3. Date Incorporated or Qualified: **12/20/1993**  
3a. Date of Last Report: **04/27/1995**  
4. FEI Number: **59-3216426**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

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: James H. Fallace, P.A.  
82 Street Address (P.O. Box Number is Not Acceptable): 1900 South Hickory Street  
83  
84 City: Melbourne, FL 85 Zip Code: 32901**

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]* DATE: **2/22/96**

12. OFFICERS AND DIRECTORS

TITLE: <b>PD</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>LYNDS, ROBERT B.</b>
STREET ADDRESS: <b>400 ST. ANDREWS BOULEVARD</b>	CITY-ST-ZIP: <b>MELBOURNE FL</b>
TITLE: <b>VD</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>HALEY, JOHN D</b>
STREET ADDRESS: <b>2 SUNTREE PLACE</b>	CITY-ST-ZIP: <b>MELBOURNE FL</b>
TITLE: <b>STD</b> <input type="checkbox"/> DELETE	NAME: <b>SHEPARD, KELLIE</b>
STREET ADDRESS: <b>2 SUNTREE PLACE</b>	CITY-ST-ZIP: <b>MELBOURNE FL</b>
TITLE: <input type="checkbox"/> DELETE	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME:
STREET ADDRESS:	CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: <b>President / D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <b>John D. Haley</b>
1.2 NAME:	1.3 STREET ADDRESS: <b>2 Suntree Place</b>
1.3 STREET ADDRESS:	1.4 CITY-ST-ZIP: <b>Melbourne, FL 32940</b>
2.1 TITLE: <b>Vice President / D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <b>Myra K. Haley</b>
2.2 NAME:	2.3 STREET ADDRESS: <b>2 Suntree Place</b>
2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP: <b>Melbourne, FL 32940</b>
3.1 TITLE:	3.2 NAME:
3.2 NAME:	3.3 STREET ADDRESS:
3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
4.1 TITLE:	4.2 NAME:
4.2 NAME:	4.3 STREET ADDRESS:
4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
5.1 TITLE:	5.2 NAME:
5.2 NAME:	5.3 STREET ADDRESS:
5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
6.1 TITLE:	6.2 NAME:
6.2 NAME:	6.3 STREET ADDRESS:
6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

**500001740883**  Change  Addition  
**-03/13/96--01024--020**  
**\*\*\*61.25**

*[Signature]* **3-12-96**

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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **02/21/96** DAYTIME PHONE #: **407 242-6210**

CR2E037 (12/95)