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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000005694 (5)**

1. Corporation Name

WATERFORD PLACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business	Mailing Address
503 S AVE INDIAN ATLANTIC FL 32903 US	400 ST ANDREWS BLVD MELBOURNE FL 32940 US

3. Date Incorporated or Qualified	12/20/1993
4. FEI Number	59-3216426
Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 6939 N. Wickham Road	26 6939 N. Wickham Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Melbourne, FL	28 Melbourne, FL
Zip	Country
24 32940	25 USA
Country	Zip
29 32940	30 USA

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. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
FALLACE, JAMES H 1900 SOUTH HICKORY STREET MELBOURNE FL 32901	

10. Name and Address of New Registered Agent	
81 Name	Francis M. Stewart
82 Street Address (P.O. Box Number is Not Acceptable)	6939 N. Wickham Road
83	<i>Francis M. Stewart</i>
84 City	Melbourne
85 Zip Code	FL 32940

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 617.0603, Florida Statutes.

SIGNATURE *Francis M. Stewart* **Francis M. Stewart** *04/21/98*
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD HALEY, JOHN D	<input checked="" type="checkbox"/>
NAME	2 SUNTREE PLACE	
STREET ADDRESS	MELBOURNE FL 32940	
CITY-ST-ZIP		
TITLE	VPD HALEY, MYRA K	<input checked="" type="checkbox"/>
NAME	2 SUNTREE PLACE	
STREET ADDRESS	MELBOURNE FL 32940	
CITY-ST-ZIP		
TITLE	STD SHEPARD, KELLIE	<input checked="" type="checkbox"/>
NAME	2 SUNTREE PLACE	
STREET ADDRESS	MELBOURNE FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	TD CRAGE, PETER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	996 FOSTORIA DR.		
1.3 STREET ADDRESS	MELBOURNE, FL 32940		
1.4 CITY-ST-ZIP			
2.1 TITLE	PD FOOSE, WILLIAM	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	945 FOSTORIA DR.		
2.3 STREET ADDRESS	MELBOURNE, FL 32940		
2.4 CITY-ST-ZIP			
3.1 TITLE	VPD KELLY, MICHAEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	927 FOSTORIA DR.		
3.3 STREET ADDRESS	MELBOURNE, FL 32940		
3.4 CITY-ST-ZIP			
4.1 TITLE	SD ROGAN, ROBERT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	1024 LENNOX WAY		
4.3 STREET ADDRESS	MELBOURNE, FL 32940		
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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: *Robert B. Rogan* **Robert B. Rogan** 407-259-2931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone # 0019654

CR2E037 (10/97)