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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90177 009 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000005694

1. Corporation Name
WATERFORD PLACE HOMEOWNERS ASSOCIATION, INC.

521141 - 90177 - 9

Principal Place of Business: 6939 N WICKHAM RD MELBOURNE FL 32940 US
 Mailing Address: 6939 N WICKHAM RD MELBOURNE FL 32940 US



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	12/20/1993
23	City & State	City & State	4. FEI Number
24	Zip	Zip	59-3216426
25	Country	Country	Applied For
26			Not Applicable
27			5. Certificate of Status Desired <input type="checkbox"/>
28			\$8.75 Additional Fee Required
29			6. Election Campaign Financing <input type="checkbox"/>
30			\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STEWART, FRANCES M 6939 N WICKHAM RD MELBOURNE FL 32901	B1 Name
	B2 Street Address (P.O. Box Number is Not Acceptable)
	B3
	B4 City FL B5 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAGE, PETER	1.2 NAME	Diane D'Andrea
STREET ADDRESS	996 FOSTORIA DR	1.3 STREET ADDRESS	962 Fostoria Drive
CITY-ST-ZIP	MELBOURNE FL 32940	1.4 CITY-ST-ZIP	Melbourne, FL 32940
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	UD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOOSE, WILLIAM	2.2 NAME	Kari Nastatez
STREET ADDRESS	945 FOSTORIA DR	2.3 STREET ADDRESS	941 Fostoria Drive
CITY-ST-ZIP	MELBOURNE FL 32940	2.4 CITY-ST-ZIP	Melbourne, FL 32940
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY, MICHAEL	3.2 NAME	Lorene Masal
STREET ADDRESS	927 FOSTORIA DR	3.3 STREET ADDRESS	948 Fostoria Drive
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	Melbourne, FL 32940
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGAN, ROBERT	4.2 NAME	Bob Ludwiczak
STREET ADDRESS	1024 LENNOX WAY	4.3 STREET ADDRESS	992 Fostoria Drive
CITY-ST-ZIP	MELBOURNE FL 32940	4.4 CITY-ST-ZIP	Melbourne, FL 32940
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Gary Bell
STREET ADDRESS		5.3 STREET ADDRESS	1029 Lennox Way
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Melbourne, FL 32940
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Robert J. Ludwiczak 4-28-99 407/255-9425
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)