

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90017 008 ****61.25

DOCUMENT # N93000005694

1. Entity Name

WATERFORD PLACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6939 N WICKHAM RD
 MELBOURNE FL 32940
 US

6939 N WICKHAM RD
 MELBOURNE FL 32940-7519
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3216426

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEWART, FRANCES M
6939 N WICKHAM RD
MELBOURNE FL 32901

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **TD CRAGE, PETER**
 STREET ADDRESS **996 FOSTORIA DR**
 CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE Change Addition
 NAME **TD BOB RICE**
 STREET ADDRESS **960 FOSTORIA DR**
 CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE Delete
 NAME **PD FOOSE, WILLIAM**
 STREET ADDRESS **945 FOSTORIA DR**
 CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE Change Addition
 NAME **PD JEFFREY ARENT**
 STREET ADDRESS **955 FOSTORIA DRIVE.**
 CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE Delete
 NAME **VPD KELLY, MICHAEL**
 STREET ADDRESS **927 FOSTORIA DR**
 CITY-ST-ZIP **MELBOURNE FL**

TITLE Change Addition
 NAME **VPD PAT KOMMER**
 STREET ADDRESS **979 FOSTORIA DRIVE.**
 CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE Delete
 NAME **SD ROGAN, ROBERT**
 STREET ADDRESS **1024 LENNOX WAY**
 CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE Change Addition
 NAME **SD JOAN JENSEN**
 STREET ADDRESS **978 FOSTORIA DRIVE.**
 CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00
 Date

951-6872
 Daytime Phone #

CR2E037 (9/99)