

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90005 036 ****61.25

DOCUMENT # N93000005694

1. Entity Name
WATERFORD PLACE HOMEOWNERS ASSOCIATION, INC.

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number **59-3216426** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 *Robert J. Rice (Treasurer)* 2-4-02
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 NAME STREET ADDRESS CITY-ST-ZIP	TD RICE, ROBERT 960 FOSTORIA DR MELBOURNE FL 32940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rice, Robert T <input type="checkbox"/> Change <input type="checkbox"/> Addition 960 Fostoria Dr MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARENT, JEFF 955 FOSTORIA DR MELBOURNE FL 32940 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Collins, Robert <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 407 Fostoria Dr. MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KUMMER, PAT 979 FOSTORIA DR MELBOURNE FL 32940 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Venegas, Nancy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 958 Fostoria Dr MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JENSON, JOAN 978 FOSTORIA DR MELBOURNE FL 32940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JENSON, JOAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 478 Fostoria Dr MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEPITONSE, MAUREEN 1003 FOSTORIA DR MELBOURNE FL 32940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pepitonse, Maureen <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1003 Fostoria Dr MELBOURNE, FL 32940.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert J. Rice, Treasurer* Robert J. Rice 2/4/02 480-7296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)