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2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE TALLAHASSEE, FLORIDA

**DOCUMENT # N93000005694**

1. Entity Name  
**WATERFORD PLACE HOMEOWNERS ASSOCIATION, INC.**

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

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

4. FEI Number: **59-3216428** Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent: **STEWART, FRANCES M 6939 N WICKHAM RD MELBOURNE, FL 32940**

7. Name and Address of New Registered Agent: 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS BY YOU	
TITLE: TD NAME: RICE, ROBERT STREET ADDRESS: 960 FOSTORIA DR CITY-ST-ZIP: MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Delete	TITLE: TD NAME: EDGAR ANGELL STREET ADDRESS: 935 FOSTORIA DR CITY-ST-ZIP: MELBOURNE, FL 32940	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: COLLINS, ROBERT STREET ADDRESS: 407 FOSTORIA DRIVE CITY-ST-ZIP: MELBOURNE, FL 32940	<input type="checkbox"/> Delete	TITLE: PD NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: VENEGAS, NANCY STREET ADDRESS: 968 FOSTORIA DRIVE CITY-ST-ZIP: MELBOURNE, FL 32940	<input type="checkbox"/> Delete	TITLE: D NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: JENSEN, JOAN STREET ADDRESS: 970 FOSTORIA DR CITY-ST-ZIP: MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Delete	TITLE: SD NAME: JEANNIE HANSON STREET ADDRESS: 921 FOSTORIA DR CITY-ST-ZIP: MELBOURNE, FL 32940	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: PEPTONE, MAUREEN STREET ADDRESS: 1003 FOSTORIA DR CITY-ST-ZIP: MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Delete	TITLE: VPD NAME: JAMES PARSONS STREET ADDRESS: 905 FOSTORIA DR CITY-ST-ZIP: MELBOURNE, FL 32940	<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)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reporting 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, authorized to execute this report as required by Chapter 117, Florida Statutes, and that my name appears in Part 11.02 of this report if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **4/29/03**



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MAY 03 2003  
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