

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION.
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001381 (2)
1. Corporation Name
~~XXXXXXXXXXXX~~
WATERFORD - CAVENDISH COURT, INC.

N/C
12.31.97



Principal Place of Business Mailing Address
13500 WORTHINGTON WAY
BONITA SPRINGS FL 33923
US

3. Date Incorporated or Qualified
03/21/1994

4. FEI Number
65-0500429

Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 13500 Worthington Way 26 13500 Worthington Way
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

23 City & State 28 City & State
Bonita Springs, FL Bonita Springs, FL

24 Zip 25 Country 29 Zip 30 Country
34135 US 34135 US

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
SZABO, JOHN P
13500 WORTHINGTON WAY
BONITA SPRINGS FL 34135

10. Name and Address of New Registered Agent

81 Name
Ickowitz, Angelo A.

82 Street Address (P.O. Box Number is Not Acceptable)
WORTHINGTON COUNTRY CLUB

83
13500 WORTHINGTON WAY

84 City 85 Zip Code
Bonita Springs FL 34135

11. Pursuant to the provisions of Sections 617.0502 and 617.508, 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 617.0506, Florida Statutes.

SIGNATURE *John P Szabo* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	ALKON, ALVIN	
STREET ADDRESS	13500 WORTHINGTON WAY	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	DVT	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, DONALD	
STREET ADDRESS	13500 WORTHINGTON WAY	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	LICHTENBERG, D E	
STREET ADDRESS	13500 WORTHINGTON WAY	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TRIMARCHI, JOSEPH	
1.3 STREET ADDRESS	13500 Worthington Way	
1.4 CITY-ST-ZIP	Bonita Springs, FL 34135	
2.1 TITLE	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ALKON, ALVIN	
2.3 STREET ADDRESS	13500 WORTHINGTON WAY	
2.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
3.1 TITLE	DVAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HAMMOND, RUSSELL	
3.3 STREET ADDRESS	13500 WORTHINGTON WAY	
3.4 CITY-ST-ZIP	BONITA SPRINGS FL 34135	
4.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GELHAAR, JAMES	
4.3 STREET ADDRESS	13500 WORTHINGTON WAY	
4.4 CITY-ST-ZIP	BONITA SPRINGS FL 34135	
5.1 TITLE	D MAL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SMITH, MARGE	
5.3 STREET ADDRESS	13500 WORTHINGTON WAY	
5.4 CITY-ST-ZIP	BONITA SPRINGS FL 34135	
6.1 TITLE	6000024944	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-04/21/98--01011--031	
6.3 STREET ADDRESS	***61.25	
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: *Joseph Trimarchi* 3/27/98 495-1744

CR2E037 (1097)