

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

UBR01/1

DOCUMENT # N94000001381

1. Entity Name

WATERFORD-CAVENDISH COURT, INC.

03-11-2002 90066 035 ****61.25

Principal Place of Business

Mailing Address

13500 WORTHINGTON WAY
 BONITA SPRINGS FL 34135
 US

13500 WORTHINGTON WAY
 BONITA SPRINGS FL 34135
 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

65-0500429

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

WEST, MARK
 13500 WORTHINGTON WAY
 WORTHINGTON COUNTRY CLUB
 BONITA SPRINGS, FL 34135

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 **DP** Delete
 NAME **TRIMARCHI, JOSEPH**
 STREET ADDRESS **28080 CAVENDISH COURT # 2005**
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **MAL** Delete
 NAME **ANDERSON, HELEN**
 STREET ADDRESS **28060 CAVENDISH COURT # 2509**
 CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE **MAL** Change Addition
 NAME **ANGELO VARONE**
 STREET ADDRESS **28080 CAVENDISH COURT #2010**
 CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE **MAL** Delete
 NAME **COLE, EDWARD**
 STREET ADDRESS **28064 CAVENDISH COURT #2406**
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **DVS** Delete
 NAME **GELHAAR, JAMES**
 STREET ADDRESS **28076 CAVENDISH COURT # 2104**
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **DVT** Delete
 NAME **SPEARS, WENDELL**
 STREET ADDRESS **28060 CAVENDISH COURT # 2507**
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)