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Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005732 (2)**
1. Corporation Name
WATERFORD POINTE HOMEOWNERS ASSOCIATION OF BREVA RD, INC.



Principal Place of Business 2 SUNTREE PL MELBOURNE FL 32940	Mailing Address 2 SUNTREE PL MELBOURNE FL 32940-7689
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3. Date Incorporated or Qualified 11/21/1994	3a. Date of Last Report 02/27/1996
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2. Principal Place of Business 21 503 Fifth Avenue Suite, Apt. #, etc. 22	2a. Mailing Address 26 400 St. Andrews Blvd. Suite, Apt. #, etc. 27
City & State 23 Indialantic, FL Zip 24 32903	City & State 28 Melbourne, FL Zip 29 32940
Country 25 USA	Country 30 USA

4. FEI Number 59-3289665	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**FALLACE, JAMES H
1900 S HICKORY ST
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME MOHLE, HELMUT L	
STREET ADDRESS 555 WINDERLY PLACE, SUITE 420	
CITY-ST-ZIP MAITLAND FL 32751	
TITLE DST	<input checked="" type="checkbox"/> DELETE
NAME MCDONALD, DOONNA J	
STREET ADDRESS 555 WINDERLY PLACE, SUITE 420	
CITY-ST-ZIP MAITLAND FL 32751	
TITLE DV	<input checked="" type="checkbox"/> DELETE
NAME KOELBLE, JANICE C	
STREET ADDRESS 555 WINDERLY PLACE, SUITE 420	
CITY-ST-ZIP MAITLAND FL 32751	
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 PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Haley, John D.	
1.3 STREET ADDRESS 400 st. Andrews Blvd.	
1.4 CITY-ST-ZIP Melbourne, FL 32940	
2.1 TITLE DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Haley, Myra K.	
2.3 STREET ADDRESS 400 St. Andrews Blvd.	
2.4 CITY-ST-ZIP Melbourne, FL 32940	
3.1 TITLE DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Shepard, Kellie	
3.3 STREET ADDRESS 400 St. Andrews Blvd.	
3.4 CITY-ST-ZIP Melbourne, FL 32940	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *Kellie Shepard* **Kellie Shepard** 01/08/97 407 242-6210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0019782

CR2E037 (9/96)