

4/23/

FILED

May 18, 2001 8:00 am
Secretary of State

04-23-2001 90060 018 ****96.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005732

1. Entity Name

WATERFORD POINTE HOMEOWNERS ASSOCIATION OF BREVA

Principal Place of Business

C/O ROBERT THOMSON
1016 BARCLAY CT.
MELBOURNE FL 32940
US

Mailing Address

400 ST. ANDREWS BLVD
MELBOURNE FL 32940
US

2. Principal Place of Business

C/O ROBERT THOMSON

Suite, Apt. #, etc.

1016 BARCLAY CT

City & State

MELBOURNE FL

Zip

32940

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

6939 N. WICKHAM RD.

City & State

MELBOURNE FL

Zip

32940

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3289665

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

FALLACE, JAMES H
6937 N WICKHAM RD
MELBOURNE FL 32940

7. Name and Address of New Registered Agent

Name STEWARD, FRANCIS

Street Address (P.O. Box Number is Not Acceptable)
6939 N. WICKHAM RD

City MELBOURNE FL Zip 32940

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD TD	☐ Delete
NAME	CROWLEY, CHARLES B	
STREET ADDRESS	979 WIMBLEDON DR	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	VPD	☒ Delete
NAME	VALENTI, WENDY	
STREET ADDRESS	937 WIMBLEDON DR	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	TD	☐ Delete
NAME	THOMPSON, ROBERT	
STREET ADDRESS	1016 BARCLAY DR	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	SD	☒ Delete
NAME	HESS, HARRY	
STREET ADDRESS	968 WIMBLEDON DR	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	D	☒ Delete
NAME	TUZZEO, PAUL	
STREET ADDRESS	924 WIMBLEDON DR	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Change ☐ Addition
NAME	THOMSON, ROBERT R	
STREET ADDRESS	1016 BARCLAY CT.	
CITY-ST-ZIP	MELBOURNE, FL. 32940	
TITLE	VPD	☒ Change ☒ Addition
NAME	GEORGE, OLLIE	
STREET ADDRESS	1008 WIMBLEDON DR.	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	TD	☒ Change ☐ Addition
NAME	CROWLEY, CHARLES, B	
STREET ADDRESS	979 WIMBLEDON DR.	
CITY-ST-ZIP	MELBOURNE, FL. 32940	
TITLE	SD	☒ Change ☒ Addition
NAME	SCERMINO, ROBIN	
STREET ADDRESS	996 WIMBLEDON DR	
CITY-ST-ZIP	MELBOURNE, FL. 32940	
TITLE	PD	☒ Change ☒ Addition
NAME	CINALLI, PATRICK	
STREET ADDRESS	1036 WIMBLEDON DR.	
CITY-ST-ZIP	MELBOURNE, FL.	
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)(j), 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 R. THOMSON

4/13/01

321-242-2015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)