FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARIMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name N97000001671 (3)

THE RESERVE AT WATERFORD HOMEOWNERS ASSOCIATION,

FILED Aug 12 1998 8:00am Secretary of State

INC.					
Principal Plac	e of Business	Mailing Address			telt Milian tegen gibet 18681 tigt 1861
151 SOUTHALL MAITLAND FL	. LANE STE 230 327 5 1	151 SOUTHALL LANE STE 23 MAITLAND FL 32751	0	3. Date incorporated or Qualified 03/20/1997	
				1. EEI Number 59-347-4413	Applied For Not Applicable
2. TSipal P	Business SX 531010	26. Malling Address 26 P. O. Box	531010	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt.	"Concord St 3	Suite, Apt. #, etc.		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & Stat	ANDO FL	28 OK LAND	FL	7. Is this nonprofit corporation a homeo	
248285	3-1010 25 ORANGE	Zip 29 31 853-1010 3	Country	8. This corporation owes or has paid the Personal Property Tax due June 30.	e current year Intangible Yes No
	9. Name and Address of Current I	Registered Agent		10. Name and Address of New Registe	red Agent
OF LITTLE	PPAL POTATE AARDADATION		81 Name	Hanson, THE MELL	ease Manor G
CENTEX REAL ESTATE CORPORATION 151 SOUTHALL LANE STE 230 MAITLAND FL 32751				ress (P.O. Box Number is Not Acceptable)	SACT-
				CONCURS SI	
n.			84 City	4664	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617,0502	and 617.1508, Florida Statutes	the above-named corr	poration submits this statement for the purpo	se of changing its registered
office or a	real sto red eacht or both in the State of	Florida, Such change was autons of Section 617.0503, Florid	borized by the cornors:	tion's board of directors. I hereby accept the	appointment as registered
SIGNATURE		017.0000, 1101	LACK H	TANSON 7	1598
SIGNATURE	Signature, typical portrait same of registered agent		legistered Agent eignature requi	fred when reinstating) DA	NE
12.	FICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	KNIGHT, PAT		1.2 NAME		
STREET ADDRESS	151 SOUTHALL LANE STE 230		1.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL 32751	The state	1.4 CITY+ST+ZIP		Ohanna Addisina
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, RALPH JR		2.2 NAME		1
STREET ADDRESS	151 SOUTHALL LANE STE 230		2.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL 32751	DELETE	2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	STD	CT DETELE	3.1 TITLE		C croude D vantou
NAME	MATTHAI, KAROLINE		3.2 NAME		
STREET ADDRESS	151 SOUTHALL LANE STE 230		3.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL 32751	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
TITLE		ביין מנוננונ	E i		C Orkerige C Activition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
TITLE		L.J DELCIE			
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	<u></u> .		5.4 CITY-ST-ZiP	, , , , , , , , , , , , , , , , , , , ,	Change Addition
		I DELETE	# 61 HBF		
TITLE		DELETE	6.1 TITLE		
NAME STREET ADDRESS		☐ DELETE	6.1 THRE 6.2 NAME 6.3 STREET ADDRESS		

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 same absears in Block 12 or Block 13 if changed, or on an attachment with an address.