

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90057 028 \*\*\*\*61.25

**DOCUMENT # N97000001671**

1. Entity Name

**THE RESERVE AT WATERFORD HOMEOWNERS ASSOCIATION,**

Principal Place of Business

Mailing Address

~~P.O. BOX 531010~~  
 1416 CONCORD ST E  
 ORLANDO FL 32853  
 US

P.O. BOX 53101  
 ORLANDO FL 32853  
 US

2. Principal Place of Business

3. Mailing Address

1416 Concord St.

PO Box 531010

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3474413

Applied For

Not Applicable

Zip

32853

Country

US

Zip

32853-1010

Country

US

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~HANSON, JACK~~  
~~THE MELROSE MGMT GRP~~  
 1416 CONCORD STREET E  
 ORLANDO FL 32803

Name The Melrose Corporation

Street Address (P.O. Box Number is Not Acceptable)

1416 Concord Street E

City

Orlando

FL

Zip Code

32803

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 PD  Delete  
 NAME KNIGHT, PAT  
 STREET ADDRESS 385 DOUGLAS AVE., STE. #2000  
 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE P  Change  Addition  
 NAME Miles, Phil  
 STREET ADDRESS 385 Douglas Ave., ste 2000  
 CITY-ST-ZIP Altamonte Springs, FL 32714

TITLE VD  Delete  
 NAME SMITH, RALPH JR  
 STREET ADDRESS 385 DOUGLAS AVE., STE. #2000  
 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE  Change  Addition  
 NAME Makransky, James  
 STREET ADDRESS Same AS ABOVE  
 CITY-ST-ZIP

TITLE STD  Delete  
 NAME MATTHAI, KAROLINE  
 STREET ADDRESS 385 DOUGLAS AVE., STE. #2000  
 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE STD  Change  Addition  
 NAME Stapleton, Kirstin  
 STREET ADDRESS Same AS ABOVE  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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)(l), 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:

James W. Makransky  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

(407) 661-2174

Daytime Phone #