

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 27, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000001671**

1. Entity Name  
 THE RESERVE AT WATERFORD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 1416 CONCORD ST E  ORLANDO FL 32853 US	Mailing Address P.O. BOX 53101  ORLANDO FL 32853 US
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2. Principal Place of Business 1416 CONCORD ST E	3. Mailing Address P.O. BOX 53101
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State ORLANDO FL	City & State ORLANDO FL
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Zip 32803	Country US	Zip 328531010	Country US
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4. FEI Number <b>59-3474413</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name  
 THE MELROSE CORPORATION  
 Street Address (P.O. Box Number is Not Acceptable)  
 1416 CONCORD STREET EAST  
 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 **JACK B. HANSON** DATE **04/27/2001**  
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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZITUNI NASSER 739 CEDAR FOREST CIRCLE ORLANDO FL 32828	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EL TAWIL SHERIF 670 CEDAR FOREST CIRCLE ORLANDO FL 32828	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARLIN JOHN 833 MULBERRY BUSH COURT ORLANDO FL 32828	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKOWRON DOROTHEA 536 CEDAR FOREST CIRCLE ORLANDO FL 32828	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RADOSKY LOIS 734 CEDAR FOREST CIRCLE ORLANDO FL 32828	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **LOIS RADOSKY** P DATE **04/27/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)