

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90172 001 ***183.75

DOCUMENT # N99000004400

1. Entity Name
WATERFORD PLACE OF PENSACOLA HOMEOWNERS ASSOCIAT

Principal Place of Business 3298 SUMMIT BLVD., #18 PENSACOLA FL 32503-4350	Mailing Address 3298 SUMMIT BLVD., #18 PENSACOLA FL 32503-4350
--	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number
59-3632607

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

13402



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CAMPUS, JOSEPH J III
3298 SUMMIT BLVD., #18
PENSACOLA FL 32503-4350

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
-------------------------------------	---	--

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MICHAEL, JEFF	
STREET ADDRESS	3298 SUMMIT BLVD., #18	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FRANZ, JON	
STREET ADDRESS	3298 SUMMIT BLVD., #18	
CITY-ST-ZIP	PENSACOLA FL 32503-4350	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	CAMPUS, JOSEPH J III	
STREET ADDRESS	3298 SUMMIT BLVD., #18	
CITY-ST-ZIP	PENSACOLA FL 32503-4350	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	m'Innis, Alley	
STREET ADDRESS	3298 Summit Blvd., #18	
CITY-ST-ZIP	Pensacola FL 32503-4350	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(i), 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: Jeffrey N. [Signature] 04/03/00 433-6400 (850)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jeffrey N. Date Daytime Phone #

CR2E037 (9/99)