

FILE NOW: FILING FEE IS \$61.25

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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003989 (9)**

1. Corporation Name

WATERFORDE AT HUNTER'S GREEN NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business 12973 TELECOM PKWY TAMPA FL 33637	Mailing Address 824 E FLETCHER AVE TAMPA FL 33612-2613
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3. Date Incorporated or Qualified 08/18/1995	3a. Date of Last Report 04/18/1996
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2. Principal Place of Business 4014 GUNN Highway	2a. Mailing Address
21 Suite, Apt. #, etc. Suite 250	26 Suite, Apt. #, etc.
22 City & State Tampa Florida	27 City & State
23 Zip 33624	28 Country USA
24	29

4. FEI Number 59-3349563	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GRIFFITH, R. SCOTT 12973 TELECOM PKWY TAMPA FL 33637	
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10. Name and Address of New Registered Agent	
81 Name Griffith, R. Scott	
82 Street Address (P.O. Box Number is Not Acceptable) 4014 GUNN Highway Suite 250	
83	
84 City Tampa	85 Zip Code FL 33624

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE:  **3-3-97**
Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> DELETE
NAME GRIFFITH, R.S.	
STREET ADDRESS 12973 TELECOM PKWY	
CITY-ST-ZIP TAMPA FL 33637	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME PRIETO, ALICE	
STREET ADDRESS 12973 TELECOM PKWY	
CITY-ST-ZIP TAMPA FL 33637	
TITLE T/D	<input type="checkbox"/> DELETE
NAME SMITH, CHRISTOPHER L	
STREET ADDRESS 12973 TELECOM PKWY	
CITY-ST-ZIP TAMPA FL 33637	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Griffith, R. Scott	
1.3 STREET ADDRESS 4014 GUNN Highway Suite 250	
1.4 CITY-ST-ZIP TAMPA, Florida 33624	
2.1 TITLE SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Berrett, Stephen M.	
2.3 STREET ADDRESS 4014 GUNN Highway Suite 250	
2.4 CITY-ST-ZIP Tampa, Florida 33624	
3.1 TITLE T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Smith, Christopher P.	
3.3 STREET ADDRESS 4014 GUNN Highway Suite 250	
3.4 CITY-ST-ZIP TAMPA, Florida 33624	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **3-3-97 917-2604**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0048004

CR2E037 (9/96)