

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003989

1. Entity Name

WATERFORDE AT HUNTER'S GREEN NEIGHBORHOOD ASSOCI

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90051 007 ****61.25

Principal Place of Business
7001 TEMPLE TERRACE HIGHWAY
TEMPLE TERRACE FL 33637
US

Mailing Address
7001 TEMPLE TERRACE HWY
TEMPLE TERRACE FL 33637-5734
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
59-3349563
Applied For
Not Applicable

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

O'BRIEN, VINCENT A.
19651 BRUCE B. DOWNS BLVD
SUITE 864
TAMPA FL 33647

Name Michael J. Brudny
Street Address (P.O. Box Number is Not Acceptable) 4830 W. Kennedy Blvd #985
City Tampa FL Zip Code 33609

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 Michael J. Brudny 1/24/00
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	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MITCHELL, LOUIS		NAME	Jensen, Patricia	
STREET ADDRESS	9317 HUNTINGTON PARKWAY		STREET ADDRESS	9301 Hunters Parkway	
CITY-ST-ZIP	TAMPA FL 33647		CITY-ST-ZIP	Tampa, FL 33647	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, VINCENT		NAME	O'Brien, Vincent	
STREET ADDRESS	9327 HUNTER'S PARKWAY		STREET ADDRESS	9327 Hunters Parkway	
CITY-ST-ZIP	TAMPA FL 33647		CITY-ST-ZIP	Tampa, FL 33647	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAIRES, REBECCA L.		NAME	Christensen, James Brent	
STREET ADDRESS	9321 HUNTINGTON PARKWAY		STREET ADDRESS	9321 Hunters Parkway	
CITY-ST-ZIP	TAMPA FL 33647		CITY-ST-ZIP	Tampa, FL 33647	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00 813 991-9503
Date Daytime Phone #

CR2E037 (9/99)