

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90058 025 \*\*\*\*61.25

**DOCUMENT # N43358**

1. Entity Name

**WATERFORD HOMEOWNERS ASSOCIATION OF LAKELAND, IN C.**

Principal Place of Business

5018 GREENBROOK LANE  
 LAKELAND FL 33811

Mailing Address

P.O. BOX 5284  
 LAKE LAND FL 33807-5284

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3178191**

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

**ELLIOT, KAY F**  
**5018 GREENBROOK LANE**  
**LAKELAND FL 33811**

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

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 **ANDREW, DON**  
 STREET ADDRESS **3609 LISMORE DR.**  
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **Rick Moser**  
 STREET ADDRESS **3551 Ashling Dr**  
 CITY-ST-ZIP **Lakeland, FL 33803**

TITLE **D** ☐ Delete  
 NAME **JOHNSON, EDDY**  
 STREET ADDRESS **3453 ASHLING DR.**  
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **VPD** ☐ Change ☒ Addition  
 NAME **Mike Hammie**  
 STREET ADDRESS **3534 Lismore Dr**  
 CITY-ST-ZIP **Lakeland FL 33803**

TITLE **SD** ☒ Delete  
 NAME **RAMIREZ, CAROL**  
 STREET ADDRESS **3578 ASHLING DR**  
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **SD** ☐ Change ☒ Addition  
 NAME **Carol Hoffman**  
 STREET ADDRESS **3643 Ashling Dr**  
 CITY-ST-ZIP **Lakeland FL 33803**

TITLE **VPD** ☐ Delete  
 NAME **MOSER, RICK**  
 STREET ADDRESS **3551 ASHLING DR.**  
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Mark Donley**  
 STREET ADDRESS **1226 Waterford Dr**  
 CITY-ST-ZIP **Lakeland FL 33803**

TITLE **TD** ☐ Delete  
 NAME **BARBEE, JACK**  
 STREET ADDRESS **3450 ASHLING DR.**  
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **BACA, SAM**  
 STREET ADDRESS **3527 ASHLING DR.**  
 CITY-ST-ZIP **LAKELAND FL 33803**

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)(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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/12/02*

*863 647-1739*

Date

Daytime Phone #

CR2E037 (9/01)

004584