# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755900 (8)

1. Corporation Name

WAVERLY PLACE HOMEOWNERS' ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 495 E WAVERLY PLACE<br>VERO BEACH FL 32960 | 495 E WAVERLY PLACE<br>VERO BEACH FL 32960 |

3. Date Incorporated or Qualified: 01/14/1981
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29; Country — 25 / 30

4. FEI Number: 59-2334634 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

ALBRECHT, DAVID F.
3625 20TH ST.
VERO BEACH FL 32960

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

81 Name: JAMES A. TAYLOR, III
82 Street Address (P.O. Box Number is Not Acceptable): 2770 Indian River Blvd.
83: Suite 501
84 City: Vero Beach FL 85 Zip Code: 32960

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 _____ JAMES A. TAYLOR, III, Attorney/Agent — April 12, 1996
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>HEINZ, WILLIAM P.<br>3800 SO WAVERLY PLACE<br>VERO BEACH FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☒ Change ☐ Addition<br>380-D SO. WAVERLY PLACE | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>SULLIVAN, TERRANCE<br>330 B SOUTH WAVERY PLACE<br>VERO BEACH FL | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | VPD<br>RISPOLI, ANTONIO<br>445-B EAST WAVERLY PLACE<br>VERO BEACH, FL | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>CAMPEN, REGINA<br>310-B EAST WAVERLY PLACE<br>VERO BEACH FL | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | VPD<br>MULLIGAN, MAUREEN<br>380-B EAST WAVERLY PLACE<br>VERO BEACH, FL | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>DENGLER, ROBERT<br>405-D EAST WAVERLY PLACE<br>VERO BEACH FL | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | D<br>CARTER, FRED<br>340-B SOUTH WAVERLY PLACE<br>VERO BEACH, FL. | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BARTOLUCCI, ROBERT<br>370 SO WAVERLY #4D<br>VERO BEACH FL | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | D<br>NETZER, SEIG FRIED<br>465-C EAST WAVERLY PLACE<br>VERO BEACH, FL | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | D<br>SALATINO, DOROTHY<br>575-A WEST WAVERLY PLACE<br>VERO BEACH, FL | ☐ Change ☒ Addition |

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:** Robert H Dengler Jr ROBERT H. DENGLER, TREAS 4/11/96 770-2837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #