FILE NOW: FILING FEE IS $61.25

FILED
May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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 VERO BEACH FL 32960	495 E WAVERLY PLACE VERO BEACH FL 32960

3. Date Incorporated or Qualified: 01/14/1981

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

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

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TYLOR, JAMES III
2770 INDIAN RIVER BLVD SUITE 501
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	XX ☐ Change ☐ Addition
NAME	ANTONIO RISPOLI		1.2 NAME	George Zitsch	
STREET ADDRESS	445B EAST WAVERLY PL		1.3 STREET ADDRESS	515-D No. Tropic Lane	
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY-ST-ZIP	~~Vero Beach, Fl 32960~~	
TITLE	VPD	☐ DELETE	2.1 TITLE	VPD	XX ☐ Change ☐ Addition
NAME	MAUREEN MULLIGAN		2.2 NAME	Debra Bertrand	
STREET ADDRESS	380B EAST WAVERLY PL		2.3 STREET ADDRESS	335 DS So. Waverly Pl	
CITY-ST-ZIP	VERO BEACH FL		2.4 CITY-ST-ZIP	~~Vero Beach, Fl 32960~~	
TITLE	SD	☐ DELETE	3.1 TITLE	SD	XX ☐ Change ☐ Addition
NAME	PATRICIA WYTZKA		3.2 NAME	Lorraine VanName	
STREET ADDRESS	550 A EAST WAVERLY PL		3.3 STREET ADDRESS	425D East Waverly Pl	
CITY-ST-ZIP	VERO BEACH FL		3.4 CITY-ST-ZIP	Vero Beach, Fl 32960	
TITLE	TP	☐ DELETE	4.1 TITLE	TP	XX ☐ Change ☐ Addition
NAME	ROBERT BARTOLUCCI		4.2 NAME	Jacqueline Hall	
STREET ADDRESS	370 D SOUTH WAVERLY PL		4.3 STREET ADDRESS	515 C No. Tropic Lane	
CITY-ST-ZIP	VERO BEACH FL		4.4 CITY-ST-ZIP	~~Vero Beach, Fl 32960~~	
TITLE	D	☐ DELETE	5.1 TITLE	D	XX ☐ Change ☐ Addition
NAME	FRED CARTER		5.2 NAME	Richard Schafer	
STREET ADDRESS	340 B EAST WAVERLY PL		5.3 STREET ADDRESS	360 D East Waverly Pl	
CITY-ST-ZIP	VERO BEACH FL		5.4 CITY-ST-ZIP	~~Vero Beach, Fl 32960~~	
TITLE	D	☐ DELETE	6.1 TITLE	D	XX ☐ Change ☐ Addition
NAME	SIEGFRIED NETZER		6.2 NAME	Robert Bench	
STREET ADDRESS	4656 EAST WAVERLY PL		6.3 STREET ADDRESS	445-C East Waverly Pl	
CITY-ST-ZIP	VERO BEACH FL		6.4 CITY-ST-ZIP	~~Vero Beach, Fl 32960~~	

14. 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 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: Jacqueline Hall, TREAS Jacqueline Hall 4/24/98 561-778-8148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)

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PORATIONS

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01/14/1981

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☐ Applied For
☐ Not Applicable

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a Statutes.

gistered Agent signature required when reinstating) DATE

13. ADDITION/CHANGES TO OFFICERS/DIRECTORS IN 12

1.1 TITLE	D	☐ Change XX Addition
1.2 NAME	Frank Hillgartner	
1.3 STREET ADDRESS	535-B North Tropic Lane	
1.4 CITY-ST-ZIP	Vero Beach, Fl 32960	
2.1 TITLE	D	☐ Change XX Addition
2.2 NAME	Pamela Jarrett	
2.3 STREET ADDRESS	360B East Waverly Pl	
2.4 CITY-ST-ZIP	Vero Beach, Fl 32960	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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JIRED
R DIRECTOR Date Daytime Phone #