## 2000 UNIFORM BUSINESS REPORT (UBR)

## Mar 14, 2000 8:00 am Secretary of State DOCUMENT # **755900** 1. Entity Name 03-14-2000 90077 011 \*\*\*\*61.25 WAVERLY PLACE HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 495 E WÁVERLY PLACE 495 E WAVERLY PLACE AUU2924A VERO BÉACH FL 32960-5996 VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2334634 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) TYLOR, JAMES III 2770 INDIAN RIVER BLVD SUITE 501 VERO BEACH FL 32960 Zip Code City 6. 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. (66/6)TREASURER Change Change ☐ Addition TITLE Delete JARRETT, PAMELA NAME Jarrett. Pam **CR2E037** STREET ADDRESS STREET ADDRESS 360 E. WAVERLY PLACE #4B 3608 E WASERLY PLACE CITY-ST-ZIP CITY-ST-ZIP VERO BEACH, FL 32960 <u>VERO BEACH FL 32960</u> De ete TITLE PRESIDENT Change ★ Addition TITLE NAME NAME JIM PELLIGRINO GAU, DEBRA STREET ADDRESS STREET ADDRESS 350 S WAVERLY PLACE 54 REM DRIVE CITY-ST-ZIP .CITY-ST-ZIP. VERO BEACH FL 32950 MERIDEN CT 06450 ☐ Change Addition X Delete TITI F TITLE VICE PRESIDENT NAME VANNAME, LORRIANE RANDY HOWDER STREET ADDRESS STREET ADDRESS 425D EAST WAVERLY PL 320 E. WAVERLY PLACE #7A CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 VERO BEACH, FL 32960 TITLE ☐ Change Addition **X** Delete TITLE SECRETARY NAME NAME MEILLO, LOUIS RENEE RENZI STREET ADDRESS STREET ADDRESS 510A N TROPIC LANE 340A E. WAVERLY PLACE CITY-ST-ZIP CITY-ST-7IP VERO BEACH FL 32960 VERO BEACH, FL 32960 TITLE ☐ Change ★ Addition ■ Delete TITLE DIRECTOR NAME NAME SCHAFER, RICHARD DOROTHY SALATINO STREET ADDRESS STREET ADDRESS 360 D EAST WAVERLY PLACE 12 WALLACE ST CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 STANFORD, CT 06902 ☐ Change K Addition TITLE DIRECTOR TITLE ☐ Dalete NAME NAME EBNER, MARY HERBERT LEEGE STREET ADDRESS STREET ADDRESS 360C E WAVERLY PLACE 530C N. TROPIC LANE CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 VERO BEACH, FL 32960

**FILED** 

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 | S