2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 755900

1. Entity 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

01202004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

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

U00000086153
03/12/04-80012-022 61.25

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	BAIRD, WILMA
STREET ADDRESS	475 E WAVERLY PLACE #7B
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	P
NAME	ANDERSON, ROBERT
STREET ADDRESS	340 E WAVERLY PL #6D
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	VP
NAME	WILLIAMS, MIKE
STREET ADDRESS	370 E WAVERLY PL #3B
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	S
NAME	RENZI, RENEE
STREET ADDRESS	340 E WAVERLY PLACE #6A
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	D
NAME	SALATINO, DOROTHY
STREET ADDRESS	12 WALLACE ST
CITY-ST-ZIP	STAMFORD, CT 06907
TITLE	D
NAME	HOH, WOLFGANG
STREET ADDRESS	485 E WAVERLY PL #10A
CITY-ST-ZIP	VERO BEACH, FL 32960

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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: Raymond O'Mawony 3/10/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #