2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State
04-21-2004 90020 024 ****61.25

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DOCUMENT # 767932

1. Entity Name
THE WATERFORD CONDOMINIUM ASSOCIATION OF TAMPA, INC.

Principal Place of Business	Mailing Address
3239 HENDERSON BLVD TAMPA, FL 33609	3239 HENDERSON BLVD TAMPA, FL 33609

DO NOT WRITE IN THIS SPACE

03312004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2343479
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

URETTE, MICHAEL E.
3239 HENDERSON BLVD
TAMPA, FL 33609

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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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	URETTE, MICHAEL E.
STREET ADDRESS	3239 HENDERSON BLVD
CITY-ST-ZIP	TAMPA, FL
TITLE	STD
NAME	URETTE, KAREN G.
STREET ADDRESS	3239 HENDERSON BLVD
CITY-ST-ZIP	TAMPA, FL
TITLE	DVP
NAME	HOLMES, IRVIN
STREET ADDRESS	607 D S OREGON AVE
CITY-ST-ZIP	TAMPA, FL 00000,
TITLE	DVP
NAME	Urette, Garrison B
STREET ADDRESS	3239 Henderson Blvd.
CITY-ST-ZIP	Tampa, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

OR17

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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: Garrison Urette 4/16/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #