

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005852

1. Entity Name

**WATERMARK COMMUNITIES INC.**

Principal Place of Business

24302 WALDEN CENTER DR  
STE 300  
BONITA SPRINGS FL 34134

Mailing Address

24302 WALDEN CENTER DR  
STE 300  
BONITA SPRINGS FL 34134-4919

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HASTINGS, VIVIAN  
24301 WALDEN CENTER DR., STE 300  
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE DCEO  
NAME HOFFMAN JR, ALFRED  
STREET ADDRESS 24301 WALDEN CENTER DR., STE 300  
CITY-ST-ZIP BONITA SPRINGS FL ☐ Delete

TITLE DEVP  
NAME ACKERMAN, DON E  
STREET ADDRESS 24301 WALDEN CENTER DR STE 300  
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ Delete

TITLE VCFO  
NAME DIETZ, JAMES  
STREET ADDRESS 24301 WALDEN CENTER DR STE 300  
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ Delete

TITLE SVPT  
NAME ADELMAN, STEVEN  
STREET ADDRESS 24301 WALDEN CENTER DR STE 300  
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ Delete

TITLE SVPS  
NAME HASTING, VIVIAN  
STREET ADDRESS 24301 WALDEN CENTER DR STE 300  
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DCEVP  
NAME Ackerman, Don E.  
STREET ADDRESS 24301 Walden Center Drive  
CITY-ST-ZIP Bonita Springs, FL 34134 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P  
NAME Starkey, Jerry L.  
STREET ADDRESS 24301 Walden Center Drive  
CITY-ST-ZIP Bonita Springs, FL 34134 ☐ Change ☒ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Vivien Hastings, Senior Vice President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00 (941) 947-2600

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90040 001 \*1,050.00

CR2E034 (9/99)