

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000007803

FILED  
Mar 11, 2002 8:00 AM  
Secretary of State

Entity Name: WATERFORD LAKES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3840 CROWN POINT ROAD  
SUITE A  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

3840 CROWN POINT ROAD  
SUITE A  
JACKSONVILLE, FL 32257

**New Mailing Address:**

FEI Number: 59-3697247      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALLACE, L. DENISE  
920 SOUTH THRID STREET STE B  
NEPTUNE BEACH, FL 32266

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: KNOWLES, MARK A  
Address: 3840 CROWN POINT ROAD STE A  
City-St-Zip: JACKSONVILLE, FL 32257

Title: DV ( ) Delete  
Name: HOLLAND, BEVERLY J  
Address: 3840 CROWN POINT ROAD STE A  
City-St-Zip: JACKSONVILLE, FL 32257

Title: DST ( ) Delete  
Name: W3ALLACE, L. DENISE  
Address: 920 SOUTH THRID STREET STE B  
City-St-Zip: NEPTUNE BEACH, FL 32266

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DST (X) Change ( ) Addition  
Name: WALLACE, L. DENISE  
Address: 920 SOUTH THRID STREET STE B  
City-St-Zip: NEPTUNE BEACH, FL 32266

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK A. KNOWLES

P

03/11/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date