

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0012087

DOCUMENT # N03902

1. Entity Name
WATERFORD PROPERTY OWNERS ASSOCIATION, INC.



FILED
04 JAN 14 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

**13015 WATERFORD RUN DRIVE
RIVERVIEW FL 33569** **13015 WATERFORD RUN DRIVE
RIVERVIEW FL 33569**

2. Principal Place of Business 3. Mailing Address

1000 Hunt Cliff Dr. **1000 Hunt Cliff Dr.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Riverview, FL **Riverview, FL**

Zip Country Zip Country

33569 **U.S.** **33569** **U.S.**

4. FEI Number **59-2892298** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

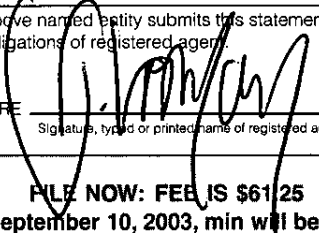
6. Name and Address of Current Registered Agent

**OWENS, JEAN V PA
811-B CYPRESS VILLAGE BLVD
RUSKIN FL 33573**

7. Name and Address of New Registered Agent

Name **Jeffrey M. LASMAN P.A.**
Street Address (P.O. Box Number is Not Acceptable)
115 Providence Rd.
City **Brandon, FL** State **FL** Zip Code **33511**

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 **01/07/2004**

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

FILE NOW: FEB IS \$61.25
After September 10, 2003, min will be \$236.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	O'STEEN, JACQUELINE	
STREET ADDRESS	13012 WATERFORD RUN DRIVE	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HANDLEY, BILL	
STREET ADDRESS	13015 WATERFORD RUN DRIVE	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BONEBRAKE, LISA	
STREET ADDRESS	13010 WATERFORD RUN DRIVE	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LAZZARA, HERMAN	
STREET ADDRESS	13203 WATERFORD RUN DRIVE	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve Gibbons	
STREET ADDRESS	13315 Waterford Run Dr.	
CITY-ST-ZIP	Riverview, FL 33569	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jean Owens	
STREET ADDRESS	13003 Waterford Run Dr.	
CITY-ST-ZIP	Riverview FL 33569	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Curt Wilkerson	
STREET ADDRESS	13013 Waterford Run Dr.	
CITY-ST-ZIP	Riverview, FL 33569	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gilgospie, Robert T.	
STREET ADDRESS	10001 Hunt Cliff Dr.	
CITY-ST-ZIP	Riverview, FL 33569	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Robert T. Gilgospie** DATE: **28 Nov 03** DAYTIME PHONE #: **655-6413**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (4/03)