

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N06458 (6)</b> 1. Corporation Name <b>THE WAVERLY CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>C/O H. BYRON RODGERS</b> <b>863 SO. TOWN &amp; RIVER DR.</b> <b>FORT MYERS FL 33919-3114</b>		Mailing Address <b>C/O H. BYRON RODGERS</b> <b>863 SO. TOWN &amp; RIVER DR.</b> <b>FORT MYERS FL 33919-6114</b>	
2. Principal Place of Business 21 <b>C/O SMITH SMITH &amp; ASSOC, INC</b> Suite, Apt. #, etc. 22 _____ City & State 23 <b>FT. MYERS, FL</b> Zip 24 <b>33919</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>C/O SMITH SMITH &amp; ASSOC, INC</b> Suite, Apt. #, etc. 27 <b>137 PLACID DR.</b> City & State 28 <b>FT. MYERS, FL</b> Zip 29 <b>33919</b> Country 30 <b>USA</b>	
3. Date Incorporated or Qualified <b>12/04/1984</b>		3a. Date of Last Report <b>02/29/1996</b>	
4. FEI Number <b>59-2545294</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>RODGERS, H. BYRON</b> <b>863 SO. TOWN &amp; RIVER DR.</b> <b>FORT MYERS FL 33919</b>		10. Name and Address of New Registered Agent 81 Name <b>WALTHER, HARRY</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>C/O SMITH SMITH &amp; ASSOC., INC</b> 83 <b>137 PLACID DR</b> 84 City <b>FT. MYERS, FL</b> 85 Zip Code <b>33919</b>	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE <i>[Signature]</i> DATE <b>4/26/97</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>12. OFFICERS AND DIRECTORS</b>			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	RODGERS, H. BYRON		
STREET ADDRESS	863 SO. T & R DR.		
CITY-ST-ZIP	FT. MYERS FL		
TITLE	STD	<input type="checkbox"/> DELETE	
NAME	RODGERS, JEAN A.		
STREET ADDRESS	863 SO. T & R DR.		
CITY-ST-ZIP	FT. MYERS FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	RODGERS, DAVID B.		
STREET ADDRESS	863 SO. T & R DR.		
CITY-ST-ZIP	FT. MYERS FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>			
1.1 TITLE	PD-HARRY WALTHER	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	C/O SMITH SMITH & ASSOC. INC		
1.3 STREET ADDRESS	137 PLACID DR		
1.4 CITY-ST-ZIP	FT MYERS, FL 33919		
2.1 TITLE	STD-ARLENE WALTHER	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	C/O SMITH SMITH & ASSOC. INC		
2.3 STREET ADDRESS	137 PLACID DR		
2.4 CITY-ST-ZIP	FT MYERS, FL 33919		
3.1 TITLE	D DOUBLAS WALTHER	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	C/O SMITH SMITH & ASSOC, INC		
3.3 STREET ADDRESS	137 PLACID DR		
3.4 CITY-ST-ZIP	FT MYERS, FL 33919		
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>[Signature]</i>		DATE: <b>4/26/97</b> (410) 465-4982	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E037 (9/96)