

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N06605** (2)
1. Corporation Name
WATERFRONT SQUARE OWNERS ASSOCIATION, INC.



Principal Place of Business 220 E MONUMENT AVE KISSIMMEE FL 34741	Mailing Address 220 E MONUMENT AVE KISSIMMEE FL 34741-5730
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2. Principal Place of Business 21 230 E. Monument Ave. Suite, Apt. #, etc.		2a. Mailing Address 26 230 E. Monument Ave. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/06/1985	3a. Date of Last Report 03/19/1996
22 Kissimmee, FL City & State		27 Kissimmee, FL City & State		4. FEI Number 59-2600558	Applied For Not Applicable
23 34741 Zip		28 Osceola Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 34741 Zip		29 Osceola Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Osceola Country		30 Osceola Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CHEN, JOSEPHINE 220 E MONUMENT AVE KISSIMMEE FL 34741				10. Name and Address of New Registered Agent	
				81 Name David J. Campbell	
				82 Street Address (P.O. Box Number is Not Acceptable) 230 East Monument Avenue	
				83	
				84 City Kissimmee	85 Zip Code FL 34741

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 *David J. Campbell* **David J. Campbell** 02-20-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SOVRAN, PAUL D MD		1.2 NAME	
STREET ADDRESS 211 E RUBY ST		1.3 STREET ADDRESS	
CITY-ST-ZIP KISSIMMEE ST		1.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME JOSEPHINE, CHEN		2.2 NAME David J. Campbell	
STREET ADDRESS 704 W FRANCIS ST		2.3 STREET ADDRESS 230 E. Monument Avenue	
CITY-ST-ZIP KISSIMMEE FL		2.4 CITY-ST-ZIP Kissimmee, FL 34741	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME PARSONS, RAY		3.2 NAME	
STREET ADDRESS 220 E MONUMENT AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP KISSIMMEE FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME DRAPER, CHARLES ESQ		4.2 NAME	
STREET ADDRESS 704 W EMMETT ST		4.3 STREET ADDRESS	
CITY-ST-ZIP KISSIMMEE FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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 *Paul D. Sovran* **Paul D. Sovran, M.D.** 02-20-97

CR2E037 (9/96)