

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90088 018 \*\*\*\*61.25

|                                                                       |                                                                                   |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N14717</b>                                              |  |
| 1. Entity Name<br><b>WATERFORD PATIO HOMEOWNERS ASSOCIATION, INC.</b> |                                                                                   |

|                                                                                                   |                                                                                       |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>15010 S. WATERFORD DR.<br/>MAIL BOX ONLY<br/>DAVIE FL 33331</b> | Mailing Address<br><b>15010 S. WATERFORD DR.<br/>MAIL BOX ONLY<br/>DAVIE FL 33331</b> |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|

|                                                           |                                               |
|-----------------------------------------------------------|-----------------------------------------------|
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
|-----------------------------------------------------------|-----------------------------------------------|

|                                       |                           |
|---------------------------------------|---------------------------|
| City & State<br><b>DAVIE, FLORIDA</b> | City & State              |
| Zip<br><b>33331</b>                   | Country<br><b>BROWARD</b> |

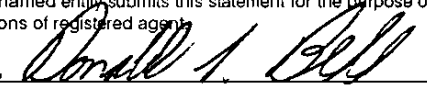
4. FEI Number **59-2684913** Applied For ☐ Not Applicable ☐

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

|                                                                                                                          |  |
|--------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br><b>AGRUSA, ANA MARIA<br/>5881 BRISTOL LANE<br/>DAVIE FL 33331</b> |  |
|--------------------------------------------------------------------------------------------------------------------------|--|

|                                                                                                                                                                                                                  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 7. Name and Address of New Registered Agent<br>Name<br><b>DONALD BELL</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>15170 BRISTOL LANE</b><br>City<br><b>DAVIE</b> FL Zip Code<br><b>33331</b> |  |
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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  **DONALD BELL** DATE **4-27-05**

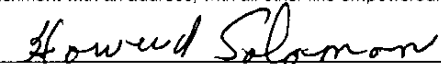
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

|                                                        |                                                                                                                        |                                                              |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                     |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PO<br/>ANDERSON, RICHARD<br/>15160 BRISTOL LANE<br/>DAVIE FL 33331</b> <input type="checkbox"/> Delete           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>FREDERICK, EDWIN<br/>15180 BRISTOL LANE<br/>DAVIE FL 33331</b> <input checked="" type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>SOLOMAN, HOWARD<br/>14900 NEWCASTLE LANE<br/>DAVIE FL 33331</b> <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>MIRELLE, JOREIN<br/>5890 BRIGHTON LANE<br/>DAVIE FL 33331</b> <input checked="" type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>HEDDAEUS, BOB<br/>15011 S. WATERFORD DRIVE<br/>DAVIE FL</b> <input checked="" type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>AGRUSA, ANA MARIA<br/>5881 BRISTOL LANE<br/>DAVIE FL 33331</b> <input checked="" type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                                     |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>1<br/>DONALD BELL<br/>VICE PRESIDENT<br/>15170 BRIGHTON LANE<br/>DAVIE FL 33331</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>SECRETARY<br/>GARY SCHIAFFO<br/>5920 LEEDS LANE<br/>DAVIE FL 33331</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>DIRECTOR<br/>ROBERT EGAN<br/>15031 S. WATERFORD DRIVE<br/>DAVIE FL 33331</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                   |

12. 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 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:  **4-27-05 954-434-2934**

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