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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27651 (1)

1. Corporation Name
WATERFORD CROSSING HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: 1700 MCMULLEN BOOTH RD. SUITE C-3 CLEARWATER FL 34619 US
Mailing Address: 1700 MCMULLEN BOOTH RD. SUITE C-3 CLEARWATER FL 34618-2129 US

3. Date Incorporated or Qualified: 07/28/1988
3a. Date of Last Report: 03/14/1996

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt #, etc.	Suite, Apt. #, etc.	59-2901125	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State	City & State	<input type="checkbox"/>	
23	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country	Country	<input type="checkbox"/>	
24	25	29	30	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		10. Name and Address of New Registered Agent		
LEIGHTON, LENNARD A. C/O SEABORD ARBORS MANAGEMENT SERVICES 1700 MCMULLEN BOOTH RD., SUITE C-3 CLEARWATER FL 34619		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EADY, KAREN	1.2 NAME	COMPTON, WES
STREET ADDRESS	2704 RESNIK CIRCLE	1.3 STREET ADDRESS	2748 CHALLENGER DRIVE
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	PALM HARBOR FL
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORTSMAN, BETTY	2.2 NAME	
STREET ADDRESS	2676 CHALLENGER DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPRARA, LILLIAN	3.2 NAME	
STREET ADDRESS	1607 MCAULIFFE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVEROCK, ALAN	4.2 NAME	FOSTER, TED
STREET ADDRESS	2609 JARVIS CIRCLE	4.3 STREET ADDRESS	2786 RESNIK CIRCLE
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	PALM HARBOR FL
TITLE	ASD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	ASD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEUCHARS, BILL	5.2 NAME	SARACENO, NANCY
STREET ADDRESS	2696 MCNAIR DR	5.3 STREET ADDRESS	2811 JARVIS CIRCLE
CITY-ST-ZIP	PALM HARBOR FL	5.4 CITY-ST-ZIP	PALM HARBOR FL
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)(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 my address.

SIGNATURE: *[Signature]* 2-24-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0067172

CPRE037 (9/96)