

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90062 033 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N27651**

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 34619 US
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2. Principal Place of Business 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765	2a. Mailing Address 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765	3. Date Incorporated or Qualified 07/28/1988
		4. FEI Number 59-2901125
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent LENNARD A. LEIGHTON 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765	10. Name and Address of New Registered Agent LENNARD A. LEIGHTON 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765
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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, 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 understand the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 4/26/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COMPTON, WES 2748 CHALLENGER DRIVE PALM HARBOR FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	TD SAM HAHN 2721 MCNAIR DRIVE PALM HARBOR, FL 34683 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORTSMAN, BETTY 2676 CHALLENGER DR. PALM HARBOR FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CAPRARA, LILLIAN 1607 MCAULIFFE LANE PALM HARBOR FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FOSTER, TED 2786 RESNIK CIR. PALM HARBOR FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	SD SUSAN CAYIA 2715 CHALLENGER DRIVE PALM HARBOR, FL 34683 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD SARACENO, NANCY 2811 JARVIS CIR. PALM HARBOR FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 4-22-99 (727) 736-0630

CR2E037 (1/98)