

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N41037** (5)

1. Corporation Name

**WATERFORD I, INC.**

Principal Place of Business

Mailing Address

**13500 WORTHINGTON WAY  
BONITA SPRINGS FL 33422-1**

**13500 WORTHINGTON WAY  
BONITA SPRINGS FL 34135-3476**



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip <b>34135</b> Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified <b>11/27/1990</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0234350</b>		Applied For 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"/>		7. <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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KRAUS, CHERYL R P.A.  
1100 FIFTH AVENUE SOUTH, #201  
NAPLES FL 33940**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code <b>FL 34102</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

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	<b>DVS</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUNHAM, MENEVE</b>	1.2 NAME	<b>MILLER, FRANK</b>
STREET ADDRESS	<b>13500 WORTHINGTON WAY</b>	1.3 STREET ADDRESS	<b>13500 WORTHINGTON WAY</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>	1.4 CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34135</b>
TITLE	<b>DVT</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>DVT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDREWS, EDWIN</b>	2.2 NAME	<b>DUNHAM, MENEVE</b>
STREET ADDRESS	<b>13500 WORTHINGTON WAY</b>	2.3 STREET ADDRESS	<b>13500 WORTHINGTON WAY</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>	2.4 CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34135</b>
TITLE	<b>DP</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>DVS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, FRANK</b>	3.2 NAME	<b>ANDREWS, EDWARD</b>
STREET ADDRESS	<b>13500 WORTHINGTON WAY</b>	3.3 STREET ADDRESS	<b>13500 WORTHINGTON WAY</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>	3.4 CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34135</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: *Frank Miller* **FRANK C. MILLER** 4/17/97 941/495-0244  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0080428

CR2E037 (9/96)