

FILE NOW: FILING FEE IS \$61.25

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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N45238** (5)

1. Corporation Name

WATERFORD II, INC.



Principal Place of Business 13500 WORTHINGTON WAY BONITA SPRINGS FL 34135 US	Mailing Address 13500 WORTHINGTON WAY BONITA SPRINGS FL 34135
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date incorporated or Qualified 09/20/1991	
4. FEI Number 65-0296349	Applied For <input type="checkbox"/> Not Applicable
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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KRAUS, CHERYL R 1100 FIFTH AVENUE SOUTH, #201 NAPLES FL 34102

10. Name and Address of New Registered Agent 81 Name ICKOWITZ, ANGELO 82 Street Address (P.O. Box Number Is Not Acceptable) WORTHINGTON COUNTRY CLUB 83 13500 WORTHINGTON WAY 84 City BONITA SPRINGS FL 85 Zip Code 34135

11. Pursuant to the provisions of Sections 617.0502 and 617.1203, 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]* DATE **3/27/98**

12. OFFICERS AND DIRECTORS	
TITLE	DVT <input checked="" type="checkbox"/> DELETE
NAME	CAMPBELL, GARY
STREET ADDRESS	13500 WORTHINGTON WAY
CITY-ST-ZIP	BONITA SPRINGS FL
TITLE	DP <input type="checkbox"/> DELETE
NAME	BASILE, JOHN
STREET ADDRESS	13500 WORTHINGTON WAY
CITY-ST-ZIP	BONITA SPRINGS FL
TITLE	DVS <input checked="" type="checkbox"/> DELETE
NAME	RILEY, DAVID
STREET ADDRESS	13500 WORTHINGTON WAY
CITY-ST-ZIP	BONITA SPRINGS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DVT
1.3 STREET ADDRESS	RILEY, DAVID
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GR
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DVS
3.3 STREET ADDRESS	MCKEEHEN, JIM
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]* DATE **3/27/98** 941-495-0244

CR2E037 (10/97)