

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N47906** (5)

1. Corporation Name

**WATERFORD III, INC.**



Principal Place of Business <b>13500 WORTHINGTON WAY BONITA SPRINGS FL 34135 US</b>		Mailing Address <b>13500 WORTHINGTON WAY BONITA SPRINGS FL 33923</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
Country		Country	
24		29 <b>34135</b>	
25		30	
3. Date incorporated or Qualified <b>03/17/1992</b>			
4. FEI Number <b>65-0345041</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"/> <b>\$5.00 May Be Added to Fees</b>			
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 <b>KRAUS, CHERYL R P.A. 1100 FIFTH AVENUE SOUTH, #201 NAPLES FL 34102</b>		10. Name and Address of New Registered Agent <b>ICKOWITZ, ANGELO WORTHINGTON COUNTRY CLUB 13500 WORTHINGTON WAY BONITA SPRINGS FL 34135</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 is 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.		DATE <b>3/27/98</b>	
SIGNATURE <i>[Signature]</i>		DATE	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DVS VACHON, JACQUES</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>DP VACHON, JACQUES</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>13500 WORTHINGTON WAY</b>	1.2 NAME	<b>Same</b>
STREET ADDRESS	<b>BONITA SPRINGS FL</b>	1.3 STREET ADDRESS	<b>Same</b>
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	<b>DP CAUDILL, ROBERT</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>DVT THORPE, JOHN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>13500 WORTHINGTON WAY</b>	2.2 NAME	<b>Same</b>
STREET ADDRESS	<b>BONITA SPRINGS FL</b>	2.3 STREET ADDRESS	<b>Same</b>
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<b>DVT WHITE, DAN</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>DVS WHITE, DAN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>13500 WORTHINGTON WAY</b>	3.2 NAME	<b>Same</b>
STREET ADDRESS	<b>BONITA SPRINGS FL</b>	3.3 STREET ADDRESS	<b>Same</b>
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
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 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)