1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90008 039 ****61.25

DOCUMENT # N47906

1. Corporation Name

W	aterf	חמרו:	Ш	IMC
**/	41 2111	OHO	1117	nto/

WATERFORD AMBERLEY
Principal Place of Business

CONDOMINIUM Molling Address

27/99

13500 WORTHINGTON WAY BONITA SPRINGS FL 34135 13500 WORTHINGTON WAY BONITA SPRINGS FL 33923



Principal Place of Business 2a. Mailing Address			Date Incorporated or Qualifed						
21 26		26			03/17/1992				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. FEI Number		plied For		
22		27			65-0345041	No	t Applicable		
¿ City & State		- City & State			5. Certificate of Status Desired	-\$8.75	Additional		
23 28		28			3. Certificate of Status Desired	Fee Re	quired		
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00	May Be		
24	25	29 30			Trust Fund Contribution	Added			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
	· 		81	Name					
ICVONSTT ANOSIO				82 Street Address (P.O. Box Number is Not Acceptable)					
ICKOWITZ, ANGELO			82 Street Address (P.O. Box Number is Not Acceptable)						
	WORTHINGTON COUNTRY CLUB								
13500 WORTHINGTON WAY									
BONITA S	PRINGS FL 3415		84	84 City Es Zip Code					
44 5		and C47 4509 Florida Statutos II	ha abayı	named carpa	oration submits this statement for the purpose of cl	hanging its	registered		
office or n	egistered agent, or both, in the State o	f Florida. Such change was autho	rized by	the corporation	n's board of directors. I hereby accept the appoint	ment as re	gistered		
agent. I a	m familiar with, and accept the obligati	ons of, Section 617.0503, Florida	Statutes.						
SIGNATURE					when rainstating) DATE				
	Signature, typed or printed name of registered agent			t signature required	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	PS IN 12		
12. OFFICERS AND DIRECTORS		The same of the sa	13.	D/		Change	[] Addition		
TITLE	DP		1,1 TITLE	101	Paris		_		
NAME	VACHON, JACQUES		1.2 NAME	90	HN DASICE	L 500	1		
STREET ADDRESS 13500 WORTHINGTON WAY		12 NAME 13 STREET ADDRESS 13040 COMMUNICACY C+ # 504 14 CITY-ST-ZIP PONITA SPRINGS, Fl. 34/35 21 TITLE OVT Change L'Addition							
CITY-ST-ZIP	BONITA SPRINGS FL		1.4 CITY-S1	-ZIP ZO	NITA DPRINGS, Fl. 3	<u>4/ 33</u>			
TITLE	DVT	□ Decete	2.1 TITLE	DI		Change	△ Addition		
NAME	THORPE, JOHN		2.2 NAME	m	ENEVE DON HAM	- 301			
STREET ADDRESS			22 NAME MENEUE DUN HAM 23 STREET ADDRESS 13000 AMBERILLY CIT. # 30/						
CITY-ST-ZIP	BONITA SPRINGS FL		2. 4 CITY-S		DULYA SORINGS, FL	<u>. 34</u>	1 23 ·		
TITLE	DVS	☐ DELETE	3.1 TITLE	4	*	Change	☐ Addition		
NAME	WHITE DAN		3.2 NAME	1					
STREET ADDRESS 13500 WORHTINGTON WAY		3.3 STREET ADDRESS							
CITY-ST-ZIP	BONITA SPRINGS F		3.4. CITY-S	T-ZIP					
TITLE	DOMEA OF THIS I		4.1 TITLE	0		Change	 Addition		
NAME		 .	4. 2 NAME	1 +	CORAL I AMKIN)	_			
STREET ADDRESS		i i	4.3 STREET	ADDRESS 15	BORDE LAMKIN OT, #	801			
			4.4 CITY-ST		Bon 17 Exist File 3	34131			
CITY-ST-ZIP			5.1 TITLE)	Change	Addition		
TITLE	,		5.1 NAME	· #	HN WALNER BOID AMAER ley CH, # 3 BONIAA SPSS, FL 34				
NAME			5.3 STREET	ADDDECC JO	2 in am los ous ct. # =	2/12			
STREET ADDRESS				AUURESS /	3 50 50 50 20	1135			
CITY-ST-ZIP			5.4 CITY-S' 6.1 TITLE	1-ZIP)ON1911 3/5/5/1-C 24	Chanan	Addition		
TITLE		<u> </u>			, ,	□ Change	L Audition		
NAME			6.2 NAME						
STREET ADDRESS	1		6.3 STREET	ADDRESS					
I	I			1					

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 extachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99 (941) 495-0244

-CR2E037_(11/98)