

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47906

1. Entity Name

WATERFORD AMBERLEY COURT CONDOMINIUM ASSOCIATION

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90102 003 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 13500 WORTHINGTON WAY BONITA SPRINGS FL 34135 US	Mailing Address 13500 WORTHINGTON WAY BONITA SPRINGS FL 34135-3476
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0345041	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEKOWITZ, ANGELA WORTHINGTON COUNTRY CLUB 13500 WORTHINGTON WAY BONITA SPRINGS FL 34135 34135
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7. Name and Address of New Registered Agent Name: MARK WEST Street Address (P.O. Box Number is Not Acceptable): WORTHINGTON COUNTRY CLUB 13500 WORTHINGTON WAY City: BONITA SPRINGS FL Zip Code: 34135
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE:	DATE: 1/20/00
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BASILE, JOHN 13040 AMBERLEY CT. #504 BONITA SPRINGS FL 34135 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT DUNHAM, MENEVE 13020 AMBERLEY CT. #301 BONITA SPRINGS FL 34135 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS WHITE DAN 13500 WORTHINGTON WAY BONITA SPRINGS F 34135 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMKIN, GEORGE AMBERLEY CT. #801 BONITA SPRINGS FL 34135 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALNER, JOHN 13010 AMBERLEY CT. #210 BONITA SPRING FL 34135 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D WAGNER, JOHN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	DATE: 941-495-0244
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CR2E037 (9/99)