

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N47906**

1. Entity Name

WATERFORD AMBERLEY COURT CONDOMINIUM ASSOCIATION**FILED****Mar 02, 2001 8:00 am**
Secretary of State

03-02-2001 90109 031 ****61.25

Principal Place of Business

**13500 WORTHINGTON WAY
BONITA SPRINGS FL 34135
US**

Mailing Address

**13500 WORTHINGTON WAY
BONITA SPRINGS FL 33923**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0345041

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WEST, MARK
WORTHINGTON COUNTRY CLUB
13500 WORTHINGTON WAY
BONITA SPRINGS FL 34135**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	BASILE, JOHN	
STREET ADDRESS	13040 AMBERLEY CT. #504	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	

TITLE	DVT	<input type="checkbox"/> Delete
NAME	DUNHAM, MENEVE	
STREET ADDRESS	13020 AMBERLEY CT. #301	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	

TITLE	DVS	<input type="checkbox"/> Delete
NAME	WHITE DAN	
STREET ADDRESS	13500 WORTHINGTON WAY	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	

TITLE	D	<input type="checkbox"/> Delete
NAME	LAMKIN, GEORGE	
STREET ADDRESS	AMBERLEY CT. #801	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	

TITLE	D	<input type="checkbox"/> Delete
NAME	WAGNER, JOHN	
STREET ADDRESS	13010 AMBERLEY CT. #210	
CITY-ST-ZIP	BONITA SPRING FL 34135	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	13060 AMBERLEY COURT #804
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEMBER AT LARGE
STREET ADDRESS	13060 AMBERLEY COURT #801
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)