

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90100 042 ****61.25

DOCUMENT # N47906

1. Entity Name

**WATERFORD AMBERLEY COURT CONDOMINIUM ASSOCIATION
, INC.**



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

13550 WORTHINGTON WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BONITA SPRINGS, FL

Zip

Country

Zip

34135

Country

USA

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

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------|--|
| 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 checked="" type="checkbox"/> Delete |
| NAME | DUNHAM, MENEVE | |
| STREET ADDRESS | 13020 AMBERLEY CT. #301 | |
| CITY-ST-ZIP | BONITA SPRINGS FL 34135 | |
| TITLE | DVS | <input checked="" type="checkbox"/> Delete |
| NAME | LAMKIN, GEORGE | |
| STREET ADDRESS | 13060 AMBERLEY COURT #801 | |
| CITY-ST-ZIP | BONITA SPRINGS FL 34135 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | LAMPKIN, GEORGE | |
| STREET ADDRESS | 13060 AMBERLY COURT #801 | |
| CITY-ST-ZIP | BONITA SPRING FL 34135 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MCKEEHEN, JAMES | |
| STREET ADDRESS | 13050 AMBERLEY COURT #704 | |
| CITY-ST-ZIP | BONITA SPRINGS FL 34135 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | DVT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | STEFFEN, JOHN | |
| STREET ADDRESS | 13046 AMBERLEY CT. #603 | |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34135 | |
| TITLE | DVS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SWANSON, TED | |
| STREET ADDRESS | 13070 AMBERLEY CT. #909 | |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34135 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | MAL | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCKEEHAN, JAMES | |
| STREET ADDRESS | 13050 AMBERLEY CT. #704 | |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34135 | |
| TITLE | MAL | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KING, ROBERT | |
| STREET ADDRESS | 13040 AMBERLEY CT. #506 | |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34135 | |

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] **RECEIVED**

2-27-03

CR2E037 (10/02)