FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

21

1

Suite, Apt. #, etc.

DOCUMENT # N92000000092 (8)

WATERFORD COMMONS ASSOCIATION II, INC.

Principal Place of Business Mailing Address 13500 WORTHINGTON WAY 13550 WORTHINGTON WAY **BONITA SPRINGS FL 33923 BONITA SPRINGS FL 33923** 2. Principal Place of Business 2a. Mailing Address

Suite, Apt. #, etc.

26

3. Date Incorporated or Qualified 11/03/1992	3a. Date of Last Report 04/14/1995
4. FEI Number 65-0366677	Applied For Not Applicable

\$8.75 Additional

Fee Required

2!		21			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	21p 29	Country 30	Tronds States	s □ No
	9. Name and Address of Co	urrent Registered Agent		Name and Address of New Flegiste	red Agent
	X DEBRAX		81 Name 82 Street	Cheryl R. Kraus P.A. Address (P.O. Box Number is Not Acceptable)	

MORTHINGTON COUNTRION 16500 XVORTEUNGTONWY BONITA SPRINGS RIX38929

81	Name Cheryl R. Kraus, P.A.
82	Cheryl R. Kraus, P.A. Street Address (P.O. Box Number is Not Acceptable) 1100 Fifth Avenue South, #201
B3	
84	City 85 Zip Code

5. Certificate of Status Desired

		Nables.	
4 D	Sections 617.0502 and 617.1508, Florida Statutes, the above	o named corporation submits this statement	for the nurgose of changing its registered office.
 Pursuant to the provisions of 	Sections 617.0502 and 617.1506, Florida Statutes, the above	e-harried corporation additing this statement	to the perpose of creating its registered and
or registered agant, or both,	the State of Florida. Such change was authorized by the co	orporation's board of directors. Thereby acce	pt the appointment as registered agent. Fam
Momiliar with and accept the	Ibligations of Section 617 0503. Florida Statutes		

SIGNATURE	n, and accept the obligations of, section 617,0303, Florida 3	- CHERYL	R. KPAUS	4-29-96	>
SIGNATURE _	Signatury typeo or printed name of registrated agent and tills if applicable	(NOTE: Registered Agent signature r		DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS	
TITLE	DP □ DELE	TE 11TITLE		☐ Change [Addition
NAME	FROID, RALPH	1.2 NAME			
STREET ADDRESS	13500 WORTHINGTON WAY	1.3 STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS FL	1.4 CITY - ST - ZIP			
TITLE	DV DELE	TE 2.1 TITLE		Change [Addition
NAME	HILL, CHARLES	2 2 NAME			
STREET ADDRESS	13500 WORTHINGTON WAY	2.3 STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS FL	2 4 CITY - ST - ZIP			
TITLE	DT (2) DELE	JE 31 TITLE	DT	🔀 Change 🛚 [Addition

Comstock, Don NAME COMSTACK, DON 3.2 NAME 13500 Worthington Way 13500 WORTHINGTON WAY 3 3 STREET ADORESS STREET ADDRESS 3 4. CITY - ST - ZIP BONITA SPRINGS FL Bonita Springs, Fl 33923 CITY - ST - ZIP Change Addition DELETE 4.1 TITLE TITLE MENDRICK, WALTER 4. 2 NAME NAME 13500 WORTHINGTON WAY 43 STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL** 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE ☐ Change 5 1 TITLE TITLE 5 2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS

100001843251 -05/29/96--01119--048 **6.3 STREET ADDRESS** STREET ADDRESS ***61.25 6 4 CITY - ST- ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental acquair report is true and accurate and that my signature shall have the same legal effect as if made under cettify that I am an officer or director of the corporation or the coefficient or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 33 it chapted for the conditions of the conditi appears in Block 12 or Bloc

61 TITLE

62 NAME

5 4 CITY - ST - ZIP

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

010

DELETE

CR2E037 (12/95)

☐ Addition