

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002219 (4)

1. Corporation Name

WATERFORD V. INC.



Principal Place of Business

Mailing Address

13500 WORTHINGTON WAY
BONITA SPRINGS FL 33923
US

13500 WORTHINGTON WAY
BONITA SPRINGS FL 33923
US

3. Date Incorporated or Qualified

05/14/1993

3a. Date of Last Report

04/14/1995

4. FEI Number

65-0409999

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~ALDRIDGE TERRA~~
~~WORTHINGTON COUNTRY CLUB~~
~~13500 WORTHINGTON WAY~~
~~BONITA SPRINGS FL 33923~~

81 Name

Cheryl R. Kraus, P.A.

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

1100 Fifth Avenue South, #201

83

84 City

Naples.

FL

85 Zip Code

33940

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

CHERYL R. KRAUS

4-29-96

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DVS
BAUSER, ULRICH
13500 WORTHINGTON WAY
BONITA SPRINGS FL

☒ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

DVS
Hicks, Robert
13500 Worthington Way
Bonita Springs, FL 33923

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
MITCHELL, KENNETH
13500 WORTHINGTON WAY
BONITA SPRINGS FL

☒ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

DP
Bauser, Ulrich
13500 Worthington Way
Bonita Springs, FL 33923

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DVT
SWAILS, CONRAD
13500 WORTHINGTON WAY
BONITA SPRINGS FL

☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

000001843270
-05/29/96--01119--042
***\$1.25

☐ Change ☐ Addition

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 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 attachment with an address.

SIGNATURE:

Ulrich C. Bauser
Ulrich C. Bauser

4/26/96

Date

Daytime Phone #

05 511196

CR2E037 (12/95)