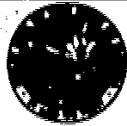


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 APR 21 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003666 (5)

1. Corporation Name

WATERFORD CONDOMINIUM ASSOCIATION OF MANATEE COUNTY, INC.

Principal Place of Business

Mailing Address

280 TERRA CEIA BAY BLVD
PALMETTO FL 34221

280 TERRA CEIA BAY BLVD
PALMETTO FL 34221

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/13/1993	3a. Date of Last Report 06/03/1994
4. FEI Number 65-0445577	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
22. City & State	27. City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
23. Zip	28. Zip	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSTON, CHARLES
2802 TERRA CEIA BAY BLVD
PALMETTO FL 34221**

81. Name Spiers, John
82. Street Address (P.O. Box Number is Not Acceptable) 2802 Terra Ceia Bay Blvd
83. City Palmetto
84. State FL
85. Zip Code 34221

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: April 18, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	JOHNSTON, CHARLES	1.1 TITLE DTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME Wolf, Luke	
STREET ADDRESS 2802 TERRA CEIA BAY BLVD		1.3 STREET ADDRESS 2802 Terra Ceia Bay Blvd	
CITY-ST-ZIP PALMETTO FL 34221		1.4 CITY-ST-ZIP Palmetto, FL 34221	
TITLE VTD	HOFFORD, JAMES	2.1 TITLE DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME Hofford, James	
STREET ADDRESS 2802 TERRA CEIA BAY BLVD		2.3 STREET ADDRESS 2802 Terra Ceia Bay Blvd	
CITY-ST-ZIP PALMETTO FL 34221		2.4 CITY-ST-ZIP Palmetto, FL 34221	
TITLE SD	SPIERS, JOHN	3.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME Spiers, John	
STREET ADDRESS 2802 TERRA CEIA BAY BLVD		3.3 STREET ADDRESS 2802 Terra Ceia Bay Blvd	
CITY-ST-ZIP PALMETTO FL 34221		3.4 CITY-ST-ZIP Palmetto, FL 34221	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Luke Wolf (Luke Wolf)* DATE: 4/18/95 PHONE: 813-729-8029