FILE NOW: FILING FEE IS $61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997

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

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

3. Date Incorporated or Qualified	3a. Date of Last Report
08/13/1993	02/15/1996

2. Principal Place of Business	2a. Mailing Address
21 WATERFORD CONDOMINIUM ASS.	26 WATERFORD CONDOMINIUM ASS.
Suite, Apt. #, etc. 22 2602 B WATERFORD WAY	Suite, Apt. #, etc. 27 2602 B WATERFORD WAY
City & State 23 PALMETTO, FL. 34221	City & State 28 PALMETTO, FL. 34221
Zip 24 — 25 MANATEE	Zip 29 — 30 MANATEE

4. FEI Number **65-0445577** — Applied For / Not Applicable

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

SPEIRS, JOHN
2802 TERRA CEIA BAY BLVD
PALMETTO FL 34221

10. Name and Address of New Registered Agent

81	Name AMARO, ISMAEL
82	Street Address (P.O. Box Number is Not Acceptable) 2602 B WATERFORD WAY
83	PALMETTO, FL. 34221
84	City FL 85 Zip Code

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 *Ismael Amaro — ISMAEL AMARO – TREASURER*   *4-8-97*

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS | **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

	12.		13.	ADDITIONS/CHANGES
TITLE	DTS	☒ DELETE	1.1 TITLE	☒ Change ☐ Addition PRESIDENT
NAME	WOLF, LUKE		1.2 NAME	CAMPBELL, FRANK
STREET ADDRESS	2802 TERRA CEIA BAY BLVD		1.3 STREET ADDRESS	2608 B WATERFORD WAY
CITY-ST-ZIP	PALMETTO FL		1.4 CITY-ST-ZIP	PALMETTO, FL. 34221 D
TITLE	DV	☒ DELETE	2.1 TITLE	☒ Change ☐ Addition VICE PRES.
NAME	HOFFORD, JAMES		2.2 NAME	CHOMA, DON
STREET ADDRESS	2802 TERRA CEIA BAY BLVD		2.3 STREET ADDRESS	2606 B WATERFORD WAY
CITY-ST-ZIP	PALMETTO FL		2.4 CITY-ST-ZIP	PALMETTO, FL. 34221 D
TITLE	DP	☒ DELETE	3.1 TITLE	☒ Change ☐ Addition TREASURER
NAME	SPEIRS, JOHN		3.2 NAME	AMARO, ISMAEL
STREET ADDRESS	2802 TERRA CEIA BAY BLVD		3.3 STREET ADDRESS	2602 B WATERFORD WAY
CITY-ST-ZIP	PALMETTO FL		3.4 CITY-ST-ZIP	PALMETTO, FL. 34221 D
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☒ Addition SECRETARY
NAME			4.2 NAME	PETERS, EDGAR
STREET ADDRESS			4.3 STREET ADDRESS	2601 A WATERFORD WAY
CITY-ST-ZIP			4.4 CITY-ST-ZIP	PALMETTO, FL. 34221 D
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 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: SIGNATURE REQUIRED *Ismael Amaro   ISMAEL AMARO   3/6/97   941-723-6091*