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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000003666 (5)
 1. Corporation Name
WATERFORD CONDOMINIUM ASSOCIATION OF MANATEE COUNTY, INC.



Principal Place of Business WATERFORD CONDO ASS 2002 B WATERFORD WAY PALMETTO FL 34221 US	Mailing Address WATERFORD CONDO ASS 2002 B WATERFORD WAY PALMETTO FL 34221 US
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3. Date Incorporated or Qualified 08/13/1993	
4. FEI Number 65-0445577	Applied For <input type="checkbox"/> Yes <input checked="" 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**AMARO, ISMAEL
2002 B WATERFORD WAY
PALMETTO FL 34221**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CAMPBELL, FRANK	
STREET ADDRESS	2008 B WATERFORD WAY	
CITY-ST-ZIP	PALMETTO FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CHOMA, DON	
STREET ADDRESS	2008 B WATERFORD WAY	
CITY-ST-ZIP	PALMETTO FL	
TITLE	AMAR	<input type="checkbox"/> DELETE
NAME	O, ISMAEL	
STREET ADDRESS	2002 B WATERFORD WAY	
CITY-ST-ZIP	PALMETTO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PETERS, EDGAR	
STREET ADDRESS	2001 A WATERFORD WAY	
CITY-ST-ZIP	PALMETTO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	T. AMARO, ISMAEL
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	S. SASVARI, GEORGE
4.3 STREET ADDRESS	2601B WATERFORD WAY
4.4 CITY-ST-ZIP	PALMETTO, FL 34221
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D. HELLER, RICHARD
5.3 STREET ADDRESS	2606A WATERFORD WAY
5.4 CITY-ST-ZIP	PALMETTO, FL 34221
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: _____ **ISMAEL AMARO** 4/24/98 941-723-6091

CR2E037 (10/97)