

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90079 004 \*\*\*\*61.25

**DOCUMENT # N93000003666**

1. Entity Name

**WATERFORD CONDOMINIUM ASSOCIATION OF MANATEE COU**

Principal Place of Business

Mailing Address

**WATERFORD CONDO ASS  
 2602 B WATERFORD WAY  
 PALMETTO FL 34221  
 US**

**WATERFORD CONDO ASS  
 2602 B WATERFORD WAY  
 PALMETTO FL 34221-5912  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0445577**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMARO, ISMAEL  
 2602 B WATERFORD WAY  
 PALMETTO FL 34221**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>CAMPBELL, FRANK</b>	
STREET ADDRESS	<b>2608 B WATERFORD WAY</b>	
CITY-ST-ZIP	<b>PALMETTO FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>CHOMA, DON</b>	
STREET ADDRESS	<b>2606 B WATERFORD WAY</b>	
CITY-ST-ZIP	<b>PALMETTO FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>AMARO, ISMAEL</b>	
STREET ADDRESS	<b>2602 B WATERFORD WAY</b>	
CITY-ST-ZIP	<b>PALMETTO FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SASVARI, GEORGE</b>	
STREET ADDRESS	<b>2601 B WATERFORD WAY</b>	
CITY-ST-ZIP	<b>PALMETTO FL 34221</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HELLER, RICHARD</b>	
STREET ADDRESS	<b>2606 A WATERFORD WAY</b>	
CITY-ST-ZIP	<b>PALMETTO FL 34221</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: SIGNATURE REQUIRED**

*Ismael Amaro*  
**ISMAEL AMARO** 2/24/2000 941 723-6091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)