

2002 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-23-2002 90086 050 ****61.25

DOCUMENT # N93000003666

1. Entity Name

WATERFORD CONDOMINIUM ASSOCIATION OF MANATEE COUNTY, INC.

Principal Place of Business WATERFORD CONDO ASS 2602 B WATERFORD WAY PALMETTO FL 34221 US	Mailing Address WATERFORD CONDO ASS 2602 B WATERFORD WAY PALMETTO FL 34221 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0445577	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, FRANK 2608 B WATERFORD WAY PALMETTO FL	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHOMA, DON 2606 B WATERFORD WAY PALMETTO FL	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	AMARO, ISMAEL 2602 B WATERFORD WAY PALMETTO FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SASVARI, GEORGE 2601 B WATERFORD WAY PALMETTO FL 34221	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT - SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELLER, RICHARD 2606 A WATERFORD WAY PALMETTO FL 34221	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT PATRIEK MADONNA D 2609 B WATERFORD WAY PALMETTO, FL. 34221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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** Date: 1/10/02 Daytime Phone #: 941-723-6091

CR2E037 (9/01)