


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N93000004714 (2)**

1. Corporation Name

**WATERFORD VI, INC.**



Principal Place of Business	Mailing Address
13500 WORTHINGTON WAY BONITA SPRINGS FL 33923 US	13500 WORTHINGTON WAY BONITA SPRINGS FL 34135-3476 US

3. Date Incorporated or Qualified <b>10/19/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
--	--

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>65-0450502</b>		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
23 Zip <b>34135</b> Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>KRAUS, CHERYL R</b> <b>1100 FIFTH AVENUE SOUTH, #201</b> <b>NAPLES FL 33940</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 85 Zip Code <b>34102</b>			

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

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			
TITLE	DP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMMOND, RUSSELL			1.2 NAME	HAMMOND, RUSSELL		
STREET ADDRESS	13500 WORTHINGTON WAY			1.3 STREET ADDRESS	13500 WORTHINGTON WAY		
CITY - ST - ZIP	BONITA SPRINGS FL 33923			1.4 CITY - ST - ZIP	BONITA SPRINGS, FL 34135		
TITLE	DVT	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRIMARCHI, JOSEPH			2.2 NAME	TRIMARCHI, JOSEPH		
STREET ADDRESS	13500 WORTHINGTON WAY			2.3 STREET ADDRESS	13500 WORTHINGTON WAY		
CITY - ST - ZIP	BONITA SPRINGS FL 33923			2.4 CITY - ST - ZIP	BONITA SPRINGS, FL 34135		
TITLE	DVT	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HIGGINS, CHARLES			3.2 NAME	HIGGINS, CHARLES		
STREET ADDRESS	13500 WORTHINGTON WAY			3.3 STREET ADDRESS	13500 WORTHINGTON WAY		
CITY - ST - ZIP	BONITA SPRINGS FL 33923			3.4 CITY - ST - ZIP	BONITA SPRINGS, FL 34135		
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 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: *Russell Hammond* **RUSSELL HAMMOND**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0080410**

CR2E037 (9/96)