

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000005015

1. Corporation Name

BROOKEHAVEN AT WATERFORD HOMEOWNERS ASSOCIATION,
INC.

Principal Place of Business

Mailing Address

~~151 SOUTH HALL LANE, STE. 230~~
~~MAITLAND FL 32751~~

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~~MAITLAND FL 32751~~

FILED
May 19, 1999 8:00 am
Secretary of State

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2. Principal Place of Business

2a. Mailing Address

21 1416 Concord St. East

26 PO Box 531010

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 Orlando FL

27 City & State
28 Orlando FL

24 Zip
32803

Country

29 32853-1010

Country

30 US

3. Date Incorporated or Qualified

08/28/1998

4. FEI Number

1122116

☒ 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~CENTEX REAL ESTATE CORPORATION~~
~~151 SOUTH HALL LANE, STE. 230~~
~~MAITLAND FL 32751~~

81 Name
The Melrose Mgmt. Group

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

83 1416 Concord St. East

84 City
Orlando

FL

85 Zip Code
32803

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
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
KNIGHT, PATRICK J
~~151 SOUTH HALL LANE, STE. 230~~
~~MAITLAND FL 32751~~

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DV
SMITH, RALPH JR
~~151 SOUTH HALL LANE, STE. 230~~
~~MAITLAND FL 32751~~

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DST
MATTHAI, KAROLINE
~~151 SOUTH HALL LANE, STE. 230~~
~~MAITLAND FL 32751~~

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Patrick Knight
385 Douglas Ave., St. 2000
Altamonte Springs FL 32714

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Ralph Smith, Jr.
Same as above

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Karoline Matthai
Same as above

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: ~~SIGNATURE~~ SIGNATURE R Karoline Matthai

3-10-99

228-4181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)