

FILED  
Jun 01, 2004 8:00 am  
Secretary of State

05-04-2004 90140 008 \*\*\*\*70.00

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

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| <b>DOCUMENT # N99000002839</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                         |  |
| 1. Entity Name<br>WATERFORD ESTATES AT HERON BAY ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| Principal Place of Business<br>6363 NW 6TH WAY<br>SUITE 250<br>FT. LAUDERDALE, FL 33309                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Mailing Address<br>6363 NW 6TH WAY<br>SUITE 250<br>FT. LAUDERDALE, FL 33309                                                                                                                                                                                                                                                                                                                                              |  |
| 2. Principal Place of Business<br>11525 Heron Bay Blvd. SUITE 303<br>Coral Springs FL 33076                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 3. Mailing Address<br>11525 Heron Bay BL. SUITE 303<br>Coral Springs FL 33076                                                                                                                                                                                                                                                                                                                                            |  |
| 4. FEI Number<br>65-0918426                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Applied For<br><input type="checkbox"/> Additional<br><input checked="" type="checkbox"/> Not Applicable                                                                                                                                                                                                                                                                                                                 |  |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional<br><input checked="" type="checkbox"/> Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 6. Name and Address of Current Registered Agent<br>ADDICOTT, BONNIE<br>11575 HERON-BAY-BLVD.<br>CORAL SPRINGS, FL 33076                                                                                                                                                                                                                                                                                                  |  |
| 7. Name and Address of New Registered Agent<br>Name: James Nyquist<br>Street Address (P.O.-Box Number is Not Acceptable): 11525 Heron Bay BL.<br>City: Coral Springs<br>FL 33076                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 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. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE: James Nyquist<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)<br>DATE: 4-28-04 |  |
| Filing Fee is \$61.25<br>Due by May 1, 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees<br>Make check payable to Florida Department of State                                                                                                                                                                                                                                                     |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                                                                                                                                                                                                                                    |  |
| TITLE: PD<br>NAME: SHELLEY, ROBERT<br>STREET ADDRESS: 2825 UNIVERSITY DR, SUITE 300<br>CITY-ST-ZIP: CORAL SPRINGS, FL 33065<br><input checked="" type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>NAME: MARGOT LAZAR<br>STREET ADDRESS: 12587 NW 68 DR.<br>CITY-ST-ZIP: Parkland, FL 33076<br>Secretary                                                                                                                                                                                                                             |  |
| TITLE: VD<br>NAME: VOLLER, CYNDI<br>STREET ADDRESS: 2825 UNIVERSITY DR, SUITE 300<br>CITY-ST-ZIP: CORAL SPRINGS, FL 33065<br><input checked="" type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>NAME: Valerie Verger<br>STREET ADDRESS: 6893 NW 126 Ave<br>CITY-ST-ZIP: Parkland, FL 33076<br>vice president                                                                                                                                                                                                                      |  |
| TITLE: VSTD<br>NAME: SIMON, ERIC A<br>STREET ADDRESS: 2825 UNIVERSITY DR, SUITE 300<br>CITY-ST-ZIP: CORAL SPRINGS, FL 33065<br><input checked="" type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>NAME: Gerald Terwilliger<br>STREET ADDRESS: 6894 NW 126 Ave<br>CITY-ST-ZIP: Parkland, FL 33076<br>Treasurer                                                                                                                                                                                                                       |  |
| TITLE: <input type="checkbox"/> Delete<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                |  |
| TITLE: <input type="checkbox"/> Delete<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>NAME: Hugh Shindler<br>STREET ADDRESS: 6903 NW 126 Ave<br>CITY-ST-ZIP: Parkland, FL 33076<br>President                                                                                                                                                                                                                            |  |
| TITLE: <input type="checkbox"/> Delete<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                |  |
| 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: James Nyquist<br>Signature and typed or printed name of signing officer or director                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Date: 4-28-04<br>Daytime Phone: 954-825-4670                                                                                                                                                                                                                                                                                                                                                                             |  |