

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000092850

1. Entity Name  
WATERFORD POINTE APARTMENTS, INC.



FILED

04 APR -5 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
800 N. HIGHLAND AVE., STE. 200  
ORLANDO, FL 32803

Mailing Address  
POST OFFICE BOX 4961  
ORLANDO, FL 32802-4961

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

02182004 Chg-P CR2E034 (10/03)

4. FEI Number  
59-3541005

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent  
B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 NORTH ORANGE AVENUE  
SUITE 1100  
ORLANDO, FL 32801

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TUTTLE, MILLS L			NAME			
STREET ADDRESS	800 N. HIGHLAND AVE., STE. 200			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32803			CITY-ST-ZIP			
TITLE	VPAT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAWLER, THOMAS P			NAME			
STREET ADDRESS	800 N. HIGHLAND AVE., STE. 200			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32803			CITY-ST-ZIP			
TITLE	VPT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLNER, DAVID M			NAME			
STREET ADDRESS	800 N. HIGHLAND AVE., STE. 200			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32803			CITY-ST-ZIP			
TITLE	VPC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEISNER, ERIC			NAME			
STREET ADDRESS	800 N. HIGHLAND AVE., STE. 200			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32803			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KROPP, STEVEN G			NAME			
STREET ADDRESS	800 N. HIGHLAND AVE., STE. 200			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32803			CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARLTON, CHARLES S			NAME			
STREET ADDRESS	800 N. HIGHLAND AVE., STE. 200			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32803			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 607, 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: \_\_\_\_\_ DATE: 3/22/04 407-297-1600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR