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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27651 (1)

1. Corporation Name

WATERFORD CROSSING HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1700 MCMULLEN BOOTH RD. SUITE C-3 CLEARWATER FL 34619 US	1700 MCMULLEN BOOTH RD. SUITE C-3 CLEARWATER FL 34619 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/28/1988
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2901125 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HICKS, JOYCE M.
C/O SEABOARD ARBORS MANAGEMENT SERVICES
1700 MCMULLEN BOOTH RD., SUITE C-3
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name: Leichtag, Leonard A.
82 Street Address (P.O. Box Number is Not Acceptable): c/o Seaboard Arbors Management Svcs.
83: 1700 McMullen Booth Rd, Suite C-3
84 City: Clearwater FL 85 Zip Code: 34619

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] 4/14/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	S/D	☐ Change ☑ Addition
NAME	FOSTER, TED	1.2 NAME	Leverock, Alan	
STREET ADDRESS	2786 RESNIK CIR., W.	1.3 STREET ADDRESS	2609 Jarvis Circle	
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	VD	2.1 TITLE	P/D	☑ Change ☐ Addition
NAME	HORTSMAN, BETTY	2.2 NAME		
STREET ADDRESS	2676 CHALLENGER DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	VP/D	☑ Change ☐ Addition
NAME	CAPARA, LILLIAM	3.2 NAME	CAPARRA, LILLIAN	
STREET ADDRESS	1807 MCAULIFFE LANE	3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	T/D	☑ Change ☑ Addition
NAME	CLARKE, ROBERT	4.2 NAME	O'Anico, Lacey	
STREET ADDRESS	2725 ONIZUKA COURT	4.3 STREET ADDRESS	2601 Jarvis Circle	
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	SD	5.1 TITLE	S/D	☑ Change ☐ Addition
NAME	EADY, KAREN	5.2 NAME	Bullock, Jennifer	
STREET ADDRESS	2704 RESNIK CIR., E.	5.3 STREET ADDRESS	2823 Resnik Circle West	
CITY-ST-ZIP	PALM HARBOR FL	5.4 CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE		6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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: [signature] Elizabeth S. President April 18, 95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

001B13