

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 14 1996 8:00 am
Secretary of State

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**

3. Date Incorporated or Qualified **07/28/1988** 3a. Date of Last Report **04/25/1995**
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**
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEIGHTON, LENNARD A.
C/O SEABORD ARBORS MANAGEMENT SERVICES
1700 MCMULLEN BOOTH RD., SUITE C-3
CLEARWATER FL 34619**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 **PD** ☒ DELETE
NAME **FOSTER, TED**
STREET ADDRESS **2786 RESNIK CIR., W.**
CITY-ST-ZIP **PALM HARBOR FL**

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

TITLE **PD** ☐ DELETE
NAME **HORTSMAN, BETTY**
STREET ADDRESS **2676 CHALLENGER DR.**
CITY-ST-ZIP **PALM HARBOR FL**

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

TITLE **VPD** ☐ DELETE
NAME **CAPRARA, LILLIAN**
STREET ADDRESS **1607 MCAULIFFE LANE**
CITY-ST-ZIP **PALM HARBOR FL**

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

TITLE **TD** ☒ DELETE
NAME **D'AMICO, LARRY**
STREET ADDRESS **2601 JARVIS CIRCLE**
CITY-ST-ZIP **PALM HARBOR FL**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **ALAN LEVEROCK**
4.3 STREET ADDRESS **2609 Jarvis Circle**
4.4 CITY-ST-ZIP **Palm Harbor, FL. 34683**

TITLE **SD** ☒ DELETE
NAME **BULLOCK, JENNIFER**
STREET ADDRESS **2823 RESNIK CIRCLE WEST**
CITY-ST-ZIP **PALM HARBOR FL**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **BILL LEUCHARS**
5.3 STREET ADDRESS **2696 McNair Drive**
5.4 CITY-ST-ZIP **Palm Harbor, FL. 34683**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **KAREN EADY**
6.3 STREET ADDRESS **2704 Resnik Circle**
6.4 CITY-ST-ZIP **Palm Harbor, FL. 34683**

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)(k), 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: *Betty Hortsmann, President* 2-2696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)