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NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

N27651

(1)

WATERFORD CROSSING HOMEOWNERS' ASSOCIATION, INC.

FILED Mar 14 1996 8:00 am Secretary of State

- I BEBRURAR BUB UIBUL BARKA	

Principal F	Place of Business		Mailing Address				I ORDITED BIO DIDITORNO DEL				
	MULLEN BOOTH RD.		1700 MCMULLE	N BOOTH RD.							
SUITE C			SUITE C-3								
US	/ATER FL 34619		CLEARWATER I US	FL 34619			3. Date Incorporated or Qualit 07/28/1988	fied	3a. Date o	of Last F	
2. Princip	al Place of Business		2a. Mailing Addre	rss			4. FEI Number				pplied For
21			26				59-2901125				lot Applicable
	Apt. #, etc.		Suite, Apt. #,	etc.							Additional
22			27				5. Certificate of Status Desire	q []		Required
City &	State		City & State				6. Election Campaign Financin	na		\$5.00	May Be
23			28				Trust Fund Contribution	, []		to Fees
Zip	Cou	ntry	Zip		Country		8. This corporation has liability	for intan	gible tax u	nder s. 1	199.032,
24	25		29	30			Florida Statutes		′es 🔲 No		
	9. Name and Ad	dress of Current	Registered Agent	, ,			10. Name and Address of N	ew Regis	tered Age	nt	
					81	Name					
LEIG	SHTON, LENNARD A.				82	Street Ac	ddress (P.O. Box Number is Not Acce	otable)			
C/0	SEABORD ARBORS	MANAGEMENT	SERVICES				,				
1700	MCMULLEN BOOTH	RD., SUITE C-	3		83						
CLE	ARWATER FL 34619				84	City			16	5 Zip	Code
					47	City			FL	a zip	COCIE
	ant to the provisions of S	ections 617,0502	and 617.1508, Florida	Statutes, the	above-r	named corp	poration submits this statement for the	e purpose	of changi	ng its re	gistered office
11. Pursu		the State of Florida	a. Such change was a on 617 0503. Florida S	authorized by ti Statutes	he corpo	oration's bo	oard of directors. I hereby accept the	appointm	ent as reg	istered a	agent. I am
or rec	pistered agent, or both, in ar with, and accept the ob	IIUAUONS OI. SUCIIU									
or reg familia	ar with, and accept the ob	igations or, Section	on on longer c	Maidres.							
or rec	ar with, and accept the ob				tered Agen	it signature requ	uired when reinstating)		DATE		
or reg familia	er with, and accept the ob RE		and little if applicable.	(NOTE Regis	tered Agen	t signature requ	uired when reinstating) ADDITIONS/CHANGES TO			RECTOR	3S IN 12
or reg familia SIGNATUI	er with, and accept the ob RE	ime of registered agent a	and little if applicable.	(NOTE: Regis)		it signature requ			S AND DI	RECTOF Change	RS IN 12
or reg familia SIGNATUI	ar with, and accept the ob-	ime of registered agent a	and little if applicable. DIRECTORS	(NOTE Regis)	13.	it signature requ			S AND DI		· · · · · · · · · · · · · · · · · · ·
or reg familia SIGNATUI 12.	PD FOSTER, TED	ine of registered agent a OFFICERS AND	and little if applicable. DIRECTORS	(NOTE Regist	13. 1.1 TITLE				S AND DI		· · · · · · · · · · · · · · · · · · ·
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centry that the information infocated 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: