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FILED

Apr 09 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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
US1700 MCMULLEN BOOTH RD.
SUITE C-3
CLEARWATER FL 34619-2129
US3. Date Incorporated or Qualified
07/28/19883a. Date of Last Report
03/14/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number
59-2901125Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

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 SD
NAME EADY, KAREN
STREET ADDRESS 2704 RESNIK CIRCLE
CITY-ST-ZIP PALM HARBOR FL

DELETE

1.1 TITLE TD
1.2 NAME COMPTON, WES
1.3 STREET ADDRESS 2748 CHALLENGER DRIVE
1.4 CITY-ST-ZIP PALM HARBOR FL

Change Addition

TITLE PD
NAME HORTSMAN, BETTY
STREET ADDRESS 2876 CHALLENGER DR.
CITY-ST-ZIP PALM HARBOR FL

DELETE

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

Change Addition

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

DELETE

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

Change Addition

TITLE TD
NAME LEVEROCK, ALAN
STREET ADDRESS 2609 JARVIS CIRCLE
CITY-ST-ZIP PALM HARBOR FL

DELETE

4.1 TITLE SD
4.2 NAME FOSTER, TED
4.3 STREET ADDRESS 2786 RESNIK CIRCLE
4.4 CITY-ST-ZIP PALM HARBOR FL

Change Addition

TITLE ASD
NAME LEUCHARS, BILL
STREET ADDRESS 2696 MCNAIR DR
CITY-ST-ZIP PALM HARBOR FL

DELETE

5.1 TITLE ASD
5.2 NAME SARACENO, NANCY
5.3 STREET ADDRESS 2811 JARVIS CIRCLE
5.4 CITY-ST-ZIP PALM HARBOR FL

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0067172

CP2E037 (9/96)