## FILE NOW: FILING FEE IS \$61,25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N27651

(1)

## WATERFORD CROSSING HOMEOWNERS' ASSOCIATION, INC.

FILED
Mar 09 1998 8:00am
Secretary of State

Principal Plac	ess			3. Date Incorporated or Qualified  07/28/1988  4. FEI Number  Applied For				
1700 MCMULLEN BOOTH RD. SUITE C-3 CLEARWATER FL 34619 US		SUITE C-3	CLEARWATER FL 34819					
2. Principal Place of Business 2a. Mailing Address						<u>59-2901125</u>	<del> </del>	Not Applicable
2. Principai P	Iace of Business	26 Mailing Ad	2a. Malting Address 26			Certificate of Status Desired		\$8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt	Suite, Apt. #, etc.			lection Campaign Financing rust Fund Contribution		\$5.00 May Be Added to Fees
City & State		City & Sta	City & State		7. is	7. Is this nonprofit corporation a homeowners association?  ☐ Yes ☐ No		
Zip 24	Country 25	Zip <b>29</b>	30	untry		his corporation owes or has pa ersonal Property Tax due June		ırrent year İntangible 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				Ш				
1700 M	CMULLEN BOOTH RD., SUIT VATER FL 34619			83				

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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ☐ Addition TITLE 1.1 TITLE COMPTON, WES NAME 1.2 NAME **2748 CHALLENGER DRIVE** STREET ADDRESS 1.3 STREET ADDRESS PALM HARBOR FL CITY-ST-ZIP 1.4 CITY-ST-ZIP □ DELETE Addition TITLE 2.1 TITLE Change HORTSMAN, BETTY NAME 2.2 NAME 2676 CHALLENGER DR. STREET ADDRESS 2.3 STREET ADDRESS PALM HARBOR FL CITY-ST-ZIP 2. 4 CITY-\$T-ZIP **VPD** DELETE Change Addition TITLE 3.1 TITLE CAPRARA, LILLIAN NAME 3.2 NAME **1607 MCAULIFFE LANE** STREET ADDRESS 3.3 STREET ADDRESS PALM HARBOR FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE FOSTER, TED NAME 4 2 NAME 2786 RESNIK CIR. STREET ADDRESS 4.3 STREET ADDRESS PALM HARBOR FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE SARACENO, NANCY NAME 5.2 NAME 2811 JARVIS CIR. STREET ADDRESS **5.3 STREET ADDRESS** PALM HARBOR FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. 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 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.

CICHATURE.

Ble Well I Holding

1-23-98

CR2E037 (10/97)