

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90017 029 ****61.25

DOCUMENT # N13990

1. Corporation Name

WATERFORD COURTYARDS AT CRYSTAL LAKE NORTH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

C/O CASTLE GROUP
P.O. BOX 189013
PLANTATION FL 33318
US

Mailing Address

C/O CASTLE GROUP
P.O. BOX 189013
PLANTATION FL 33318
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/24/1986

4. FEI Number

65-0000872

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

9. Name and Address of Current Registered Agent

CASTLE PROPERTY SERVICES GROUP, INC.
4450 WEST SUNRISE BOULEVARD
SUITE C-100
PLANTATION FL 33313

10. Name and Address of New Registered Agent

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 ☐ DELETE

TITLE PD
NAME GIORDANO, JUDITH
STREET ADDRESS 2829 WATERFORD DR., N.
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE TD
NAME SULLIVAN, MICHAEL
STREET ADDRESS 2908 WATERFORD DRIVE SOUTH
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE SD
NAME STOYONOVICH, JIM
STREET ADDRESS 2882 WATERFORD DRIVE NORTH
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE VD
NAME PANDELACHY, CAROLYN
STREET ADDRESS 2887 WATERFORD DR. N. BUILD. #32
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE D
NAME KAUFMAN, JEFF
STREET ADDRESS 2856 WATERFORD DRIVE SOUTH
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

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

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

3.1 TITLE VD
3.2 NAME CARLUCCI, LORRAIN
3.3 STREET ADDRESS 2871 Waterford Drive No.
3.4 CITY-ST-ZIP DEERFIELD BEACH, FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE SD
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Katherine Harris
Katherine Harris, President 3/6/99 (954) 792-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0038185