

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90064 036 ****61.25

DOCUMENT # N13990

1. Entity Name
**WATERFORD COURTYARDS AT CRYSTAL LAKE NORTH
HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address
**C/O BENCHMARK 7932 WILES RD
7932 WILES RD CORAL SPRINGS, FL 33067 US
POMPANO BEACH, FL 33067 US**

40061839



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03272008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0000872 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBERT KAYE & ASSOC.
6261 NW 6 WAY STE 103
FORT LAUDERDALE, FL 33309**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **SMITH, DOUG**
STREET ADDRESS **2846 WATERFORD DRIVE SOUTH**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE **VP** ☒ Change ☐ Addition
NAME **Patterson, Lee**
STREET ADDRESS **2879 Waterford Drive N.**
CITY-ST-ZIP **Deerfield Beach 33442**

TITLE **D** ☒ Delete
NAME **PATTERSON, LEE**
STREET ADDRESS **2879 WATERFORD DRIVE N**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **TAYLOR, SCOTT**
STREET ADDRESS **2820 WATERFORD DRIVE N**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **ANDERSON, SCOTT**
STREET ADDRESS **2945 WATERFORD DR SOUTH**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** ☐ Delete
NAME **KAUFMAN, JEFF**
STREET ADDRESS **2856 WATERFORD DRIVE SOUTH**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres. 4/2/08 954-725-9393