FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17828

1. Corporation Name

WATERFORD ISLE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business
C/O J & L PROPERTY MGMT., INC.
10191 WEST SAMPLE ROAD
CORAL SPRINGS FL 33065

2. Principal Place of Business

21

Mailing Address

2a. Mailing Address

26

C/O J & L PROPERTY MGMT.. INC. 10191 WEST SAMPLE ROAD CORAL SPRINGS FL 33065

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

03-22-1999 90088 018 ****61.25

3. Date Incorporated or Qualifed

11/18/1986

Suite, Apt.	#, etc	Suite, Apt. #, etc			59-2564214		· · · - · ·	JIII OI	
22		27	·		39 23042 14			Applicable	
City & Stat	е	City & State		5. Certificate of Status Desire			\$8.75 A		
23		28			0.0000000000000000000000000000000000000		Fee Re	quired	
Zip	Country	Zip	Cour	ntry	6. Election Campaign Financing		\$5.00	May Be	
24	25	29	30		Trust Fund Contribution		Added to	o Fees	
	9. Name and Address of Current I	Registered Agent			10. Name and Address of New i	Registered	Agent		
			1	81 Name					
CALDEDA:	ZZO, JAMES		-	12 Street Address (P.O. Box Number is Not Acceptable)					
	PROPERTY MANAGEMENT, INC.			82 Street Add	iress (P.O. Box Number is Not Accept	(סוטג			
	SAMPLE ROAD		ŀ	83					
				_					
COHAL SI	PRINGS, FL 33065		. [84 City		FL	85 Zip C	Code	
	047.0500	1017 1500 FL 11-1			position authorite this statement for the		changing its	rogistered	
11. Pursuant	to the provisions of Sections 617.0502 ageistered agent, or both, in the State of	and 617.1508, Florida : Florida, Such change :	statutes, the at was authorized	ove-named con by the comorat	poration submits this statement for the tion's board of directors. I hereby acce	ot the appo	intment as rec	gistered	
agent. I a	m familiar with, and accept the obligatio	ns of, Section 617.050	3, Florida Statu	tes.	,		•		
SIGNATURE					·				
	Signature, typed or printed name of registered agent a		` 	Agent signature requir		DATE	ID DIDECTO	DC IN 42	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AF			
TITLE	D	☐ DELE	ΓE 1.1 TIT	ĻĒ			Change	Addition	
NAME	Brodsky, George		1.2 NA	ME `					
STREET ADDRESS	8437 NW 78TH CT		1.3 STI	REET ADDRESS	,				
CITY-ST-ZIP	TAMARAC FL		1.4 CIT	Y-ST-ZIP					
TITLE	S	☐ DELE	TE 2.1 TIT	LE			Change	Addition	
NAME	KELMAM, FLO		2.2 NA	ME					
STREET ADDRESS	CARE ANN TO OT		23 ST	REET ADDRESS					
	TAMARAC FL 33321			IY-ST-ZIP	a -	* + 4 -		د اداد چه س و	
C/TY-ST-Z/P	D	☐ DELE					Change	Addition	
TITLE] •							_	
NAME	LEVINE, BARBARA		3.2 NA						
STREET ADDRESS	8409 NW 78TH CT			REET ADDRESS					
CITY-ST-ZIP	TAMARAC FL			ry-st-zip				C Addition	
TTILE	D	DELE	TE 4.1 TIT	LE	•		Change	☐ Addition	
NAME	GOLDFARB, NAT		4. 2 NA	ME					
STREET ADDRESS	8405 NW 78 CT.		4.3 ST	REET ADDRESS					
CITY-ST-ZIP	TAMARAC FL		4.4 CI	Y-ST-ZIP					
TITLE	T/D	☐ DELE	TE 5.1 ΠΤ	LE			Change	Addition	
NAME	ÁBRAHAMS, BERNICE		5.2 NA	ME I					
STREET ADDRESS	7878 NW 84 TERR		5.3 ST	REET ADDRESS	•				
CITY-ST-ZIP	TAMARAC FL		5.4 CIT	Y-ST-ZIP	• .		•		
TITLE	PRESIDENT	☐ DELE	TE 6.1 TIT	LE			Change	☐ Addition	
	Ka0 \)		6.2 NA	ME		'	*	_	
NAME	340 Xelman 78 4C	+ . j	1	REET ADDRESS			;		
STREET ADDRESS	1 7/1 20	37.1 //22	140	i					
CITY-ST-ZIP) am ar a 12, 33		/	Y-ST-ZIP	Casting 440 07/2)/() Finding Cont. 100	I fruther	etific thest the fi	formation	
14. I hereby	certify that the information supplied with	this filing does not qua	iny for the exer	nption stated in	Section 119.07(3)(i), Florida Statutes.	i jurtner ce	rury mat me if	normanon	

I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify into the inciding 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CONTROL OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/99

Daytime Phone #

CR2E037 (11/98)