

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

0001559

**DOCUMENT # N17828**

1. Entity Name

**WATERFORD ISLE HOMEOWNERS' ASSOCIATION, INC.**

03-13-2001 90071 032 \*\*\*\*61.25

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2564214**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CALDERAZZO, JAMES**  
**C/O J&L PROPERTY MANAGEMENT, INC.**  
**10191 W SAMPLE ROAD**  
**CORAL SPRINGS, FL 33065**

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.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  Delete  
 NAME **BRODSKY, GEORGE**  
 STREET ADDRESS **8437 NW 78TH CT**  
 CITY-ST-ZIP **TAMARAC FL**

TITLE **D**  Change  Addition  
 NAME **MIKE FINKEL**  
 STREET ADDRESS **8453 NW 78 CT**  
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **PS**  Delete  
 NAME **KELMAM, FLO**  
 STREET ADDRESS **8435 NW 78 CT.**  
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **P/D**  Change  Addition  
 NAME **RUTHANNE ALORVO**  
 STREET ADDRESS **8429 NW 78 CT**  
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **D**  Delete  
 NAME **LEVINE, BARBARA**  
 STREET ADDRESS **8409 NW 78TH CT**  
 CITY-ST-ZIP **TAMARAC FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **ABRAHAMS, BERNICE**  
 STREET ADDRESS **7878 NW 84 TERR**  
 CITY-ST-ZIP **TAMARAC FL**

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

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 exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_

*Bernice Abrahams*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)