


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N17828</b> 1. Entity Name <b>WATERFORD ISLE HOMEOWNERS' ASSOCIATION, INC.</b>	
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Principal Place of Business <b>C/O J &amp; L PROPERTY MGMT., INC. 10191 WEST SAMPLE ROAD CORAL SPRINGS FL 33065</b>	Mailing Address <b>C/O J &amp; L PROPERTY MGMT., INC. 10191 WEST SAMPLE ROAD CORAL SPRINGS FL 33065</b>
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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4. FEI Number <b>59-2564214</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CALDERAZZO, JAMES C/O J&amp;L PROPERTY MANAGEMENT, INC. 10191 W SAMPLE ROAD CORAL SPRINGS, FL 33065</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">FL</span>    Zip Code             </div>
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete NEYENHOUSE, PETER 8443 NW 78TH CT. TAMARAC FL 33321
TITLE	D <input type="checkbox"/> Delete DI RENZO, PETER 8471 NW 78TH CT. TAMARAC FL 33321
TITLE	D <input type="checkbox"/> Delete DAVIDSON, CHARLES 8435 NW 78TH CT. TAMARAC FL 33321
TITLE	TD <input type="checkbox"/> Delete ABRAHAMS, BERNICE 7878 NW 84 TERR TAMARAC FL
TITLE	D <input type="checkbox"/> Delete WOOD, GARY 8428 NW 78TH CT. TAMARAC FL 33321
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition  1100000287773 04/04/05-80081-023 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Abraham  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_