

**2006 NOT-FOR-PROFIT-CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90050 012 \*\*\*\*61.25



**DOCUMENT # N17828**  
 1. Entity Name  
**WATERFORD ISLE HOMEOWNERS' ASSOCIATION, INC.**

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



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

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)  
 4. FEI Number **59-2564214** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 CALDERAZZO, JAMES  
 C/O J&L PROPERTY MANAGEMENT, INC.  
 10191 W SAMPLE ROAD  
 CORAL SPRINGS, FL 33065

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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**

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NEYENHOUSE, PETER	
STREET ADDRESS	8443 NW 78TH CT.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DI RENZO, PETER Jacqueline	
STREET ADDRESS	8471 NW 78TH CT.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIDSON, CHARLES	
STREET ADDRESS	8435 NW 78TH CT.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	TD T	<input type="checkbox"/> Delete
NAME	ABRAHAMS, BERNICE	
STREET ADDRESS	7878 NW 84 TERR	
CITY-ST-ZIP	TAMARAC FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	WOOD, GARY	
STREET ADDRESS	8428 NW 78TH CT.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	<input type="checkbox"/> Delete
NAME	Mark Ricciardi	
STREET ADDRESS	8462 78th Ct	
CITY-ST-ZIP	TAMARAC FL 33321	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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: Bernice Abrahams BEANICE ABRAHAMS 3/6/06 (954) 726-6864**