


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N17828 1. Entity 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	Mailing Address C/O J & L PROPERTY MGMT., INC. 10191 WEST SAMPLE ROAD CORAL SPRINGS FL 33065
--	--



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

1st MOORE CR2E037 (10/06)

City & State Zip Country	City & State Zip Country
-----------------------------	-----------------------------

4. FEI Number 59-2564214	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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, 2007

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	------------------------------------

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> Delete
NAME	DI RENZO, 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 <input type="checkbox"/> Delete
NAME	ABRAHAMS, BERNICE
STREET ADDRESS	7878 NW 84 TERR
CITY - ST - ZIP	TAMARAC FL
TITLE	D <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	RICCARDO, MARK
STREET ADDRESS	8462 78TH CT
CITY - ST - ZIP	TAMARAC FL 33321
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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	

U000000712595
04/26/07-80055-006 61.25

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 Abrahamz-Treas.* 4/6/07 954)726-6864