


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2008 8:00 am
Secretary of State

02-22-2008 90019 034 ****61.25

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 # State, Apt. #, etc.		3. Mailing Address State, Apt. #, etc.	
City & State		City & State	
Zip	Country	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 _____ DATE _____ <small>Signature typed or printed name of registered office and fee collector. NOTE: Any agent signature must be witnessed.</small>			
FILE NOW - FEE IS \$61.25 Due By May 1, 2008		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		11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DI RENZO, JACQUELINE 8471 NW 78TH CT. TAMARAC FL 33321	<input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP Carmel Heid 8401 78 ct TAMARAC FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIDSON, CHARLES 8435 NW 78TH CT. TAMARAC FL 33321	<input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP Schwartz 7832 84 terr TAMARAC FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ABRAHAMS, BERNICE 7878 NW 84 TERR TAMARAC FL	<input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP Flechner Elyne 8460 78 Lt TAMARAC FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, GARY 8428 NW 78TH CT. TAMARAC FL 33321	<input checked="" type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP Brown Andrew 8431 78 ct - TAMARAC FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICCARDO, MARK 8462 78TH CT TAMARAC FL 33321	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 817, 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		Date: 7/15/08 City/Town: _____	