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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

| | 1 | 9 | 9 | 6 |
|--|---|---|---|---|
| | | | | |

DOCUMENT #
1. Corporation Name

N50299

(9)

| MATERICADO | LAMIDING | MAINTENANCE | MULTALOUSSA | INC |
|------------|----------|-------------|-------------|-----|

| WATER | FORD LANDING MAINTENA | NCE ASSOCIATION, INC. | | | | | | | |
|--|---|---|------------------------|--------------|--------------------------------|---|----------------------------|---------------------------------|-------------------------------------|
| Principal Place of Business Mailing Address | | | | | | T IMBUILEN MAN ANNN ANNN NINSA SANN | | <i>i</i> | 15 (6161) (6461) 1661 |
| THE CONTINENTAL GROUP 1067 SHOTGUN ROAD SUNRISE FL 33326 US THE CONTINENTAL GROUP 1067 SHOTGUN ROAD SUNRISE FL 33326 US US | | | | | 2. Data languaged or Outlifted | T an Col | o of l nei | I Report | |
| | | | | | | | | te of Last Report 05/01/1995 | |
| 2. Principal Pla | ce of Business | 2a. Mailing Address | | | | 4. FEI Number | - | | Applied For |
| 21 | | 26 | | | | 65-0357242 | | | Not Applicable |
| Suite, Apt. # | Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | | • | 5 Additional Required |
| City & State | | City & State | | | | Election Campaign Financing Trust Fund Contribution | | - | OO May Be ed to Fees |
| Zip | Country | | Country | 1 | | 8. This corporation has liability for it | | | i. 199.032, |
| 24 | 25 | 29 30 | | | | , lottod otalisto | Yes 🗆 | | |
| | 9. Name and Address of Current | Registered Agent | | 1 | | 10. Name and Address of New R | egistered / | gent | |
| | | | 81 | Name | _ | | | | |
| SKRLD, I 201 ALH | INC. IAMBRA CIRCLE | | 82 | Stree | t Addres | s (P.O. Box Number is Not Acceptab | e) | | J. VP.17 |
| SUITE 1 | 102 | | 83 | | | | | | |
| | GABLES FL 33124 | | 84 | 1 | | | FL | | tip Code |
| or registere | o the provisions of Sections 617.0502 ed agent, or both, in the State of Florid h, and accept the obligations of, Section | a. Such change was authorized by | above- the corp | named o | corporati 's board | on submits this statement for the pur of directors. I hereby accept the appo | pose of cha pintment as | nging Its registere | registered office id agent. I am |
| SIGNATURE _ | Signature, typed or printed name of registered agent a | and title if applicable. (NOTE: Regi | istered Age | nt signature | e required w | fren reinstating) | DATE | | |
| 12. | OFFICERS AND | DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFF | | | |
| TILLE | D | | 1.1 TITLE | | | | ι | Change | Addition Addition |
| NAME | ROZNER, MARVIN D | • | 12 NAME | | | | | | |
| STREET ADDRESS | 1871 WATER RIDGE COURT | | | T ADDRESS | ` | | | | |
| CITY-ST-ZIP TITLE | FT. LAUDERDALE FL | | 1.4 CITY- 2.1 TITLE | \$1-ZIP | | | 1 | Change | Addition |
| NAMÉ | d Redstone, Joe | _ | 2.2 NAME | | | | _ | | |
| STREET ADDRESS | 1877 WATER RIDGE COURT | | | T ADDRESS | s | | | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 1 | 2. 4 CITY | | | | | | |
| TITLE | PD | ☐ DELETE | 3 1 TITLE | | | | | Change | Addition |
| NAME | GREENOUGH, DAVE | | 3 2 NAME | | | | | | |
| STREET ADDRESS | 1856 WATER RIDGE DRIVE | 1 | 33 STREE | T ADDRESS | s | | | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | | 3.4. CITY | - ST - ZIP | ⅃ | | | | |
| THILE | SD | DELETE | 4.1 TITLE | | | | | Change | Addition |
| NAME | Berkowitz, Beverly | | 4. 2 NAM | | | | | | |
| STREET ADDRESS | 1912 WATER RIDGE DRIVE | | 4.3 STREE | et addres | s | | | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | | 4.4 CITY- | | 4 | | * | 76550 | Addition |
| TITLE | TD | DELETE | 5.1 TITLE | | | | l | Change | E Magicali |
| NAME | ASHWOOD, MARK | 1 | 52 NAME | | | | | | |
| STREET ADDRESS | 1857 WATER RIDGE DRIVE | | | ET ADDRES | S | | | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | Charte | 5.4 CITY | | | | | Change | e 🗍 Addition |
| TITLE | | DELETE | 6.1 TITLE | | | | | | |
| NAME | | | 6.2 NAME | | | | | | |
| STREET ADDRESS | | | | et addres | S | | | | |
| CITY-ST-ZIP | | tiek, elnin fillion in yezh memuik di suminka a | 64 DITY | -ST-ZIP | y valify for | the exemption stated in Section 110 | 07(3)(k) Fig | rida Staf | tites. I further |
| 14. I do hereb | L by certify that the information supplied w at the information indicated op∉his annu | with this jilling is voluntarily furnished ial report or supplemental annual | port is t | rue and | accurate | and that my signature shall have the | same legal | effect as | s if made under |

certify that the information indicated on this annual report or supplemental annual aport 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 of the receiver or inustee tripowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 51 changed, in on an alachorent with an address.

SIGNATURÉ:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

(454) 476-6222