**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 26, 1999 8:00 am § Secretary of State

03-26-1999 90031 028 \*\*\*\*61.25

**DOCUMENT # N50299** 

1. Corporation Name

WATERFORD LANDING MAINTENANCE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

| /1010/ | • |   |      |
|--------|---|---|------|
| 50101  |   | • |      |
| ( /    |   |   | <br> |
|        |   |   |      |
|        |   |   |      |

| 1067 SHOTGE<br>SUNRISE FL |   | THE CONTINENTAL GROUP<br>1067 SHOTGUN ROAD<br>SUNRISE FL 33326 |                         |                |  |                   |              |
|---------------------------|---|--|-------------------------|----------------|--|-------------------|--------------|
| US                        | <u> </u>  | US   |                         |                |  |                   |              |
| 2. Principal F            | Place of Business   | 2a. Mailing Address  |                         |                | 3. Date Incorporated or Qualified 08/10/1992             | • .               |              |
| Suite, Apt.               | . #, etc  | Suite, Apt. #, etc.  |                         |                | 4. FEI Number  |                   | plied For    |
| 22                        |   | 27   |                         | ىدىدى          | 65-0357242   |                   | t Applicable |
| City & Sta                |   | City & State   |                         |                | 5. Certificate of Status Desired                         | \$8.75 A          | I            |
| Zip                       | Country 25  | Zip 30   | Country                 |                | Election Campaign Financing Trust Fund Contribution      | \$5.00<br>Added t |              |
|                           | 9. Name and Address of Current  | <u> </u>   | •                       |                | 10. Name and Address of New Registered                   | Agent             |              |
|                           |   |  | 81                      | Name           | •  |                   |              |
| SKRLD, I                  |   |  | 82                      | Street /       | Address (P.O. Box Number is Not Acceptable)              |                   |              |
|                           | AMBRA CIRCLE  |  | 83                      |                |  |                   |              |
| SUITE 11                  |   |  |                         |                |  | ne 7:- 4          |              |
| COMAL                     | GABLES FL 33124   |  | 84                      | City           | FL   | 85 Zip 0          | J008         |
| 11. Pursuani              | t to the provisions of Sections 617.0502  | and 617.1508, Florida Statutes,                                | the above               | -named         | corporation submits this statement for the purpose of    | changing its      | registered   |
| l office or               | registered agent, or both, in the State of<br>am familiar with, and accept the obligation | : Florida. Such change was auth                                | onzea ov                | the como       | oration's board of directors. I hereby accept the appoin | unent as re       | gistered     |
| 1                         |   |  |                         |                |  |                   |              |
| SIGNATURE                 | Signature, typed or printed name of registered agent                                      | and title if applicable. (NOTE: Re                             |                         | nt signature n | equired when reinstating) OATE                           | D DIDECTA         | NEC IN 40    |
| 12.                       | OFFICERS AND  |  | 13.                     |                | ADDITIONS/CHANGES TO OFFICERS AN                         |                   |              |
| ΠILE                      | VP  | <b>⚠</b> DELETE  | 1.1 TITLE               |                | VPD  | Change            | Addition     |
| NAME                      | ROZNER, MARVIN D  | ,  | 1.2 NAME                |                | DAVIS, GREG  |                   |              |
| STREET ADDRESS            |   |  |                         | TADDRESS       | 1888 Water Ridge Drive                                   |                   | 1            |
| CITY-ST-ZIP               | FT. LAUDERDALE FL   | □ DELETE   | 1.4 CITY-S              | T-ZIP          | Weston, F1. 33326  | <b>K</b> Change   | ☐ Addition   |
| TITLE #                   | D   | ☐ DELETE   | 2.1 TITLE               |                | D  | A Change          |              |
| NAME                      | REDSTONE, JOE   |  | 2.2 NAME                |                | REDSTONE, JOSEPH   |                   |              |
| STREET ADDRESS            |   |  |                         | TADDRESS       | 1877 Water Ridge Court                                   | fre               |              |
| CITY-ST-ZIP               | FT: LAUDERDALE:FL   | ☐ DELETE   | 2:4 CITY-S<br>3.1 TITLE | 1: ΔP_ <u></u> | Weston, F1: 33326  | Change            | Addition     |
| TITLE                     | PD DAVE   |  | 3.2 NAME                |                | GREENOUGH, DAVID   | <b>4</b>          | _            |
| NAME #                    | GREENOUGH, DAVE   |  |                         | TADDRESS       | 1856 Water Ridge Drive                                   |                   | \            |
| STREET ADDRESS            | s 1856 water ridge drive<br>Ft. Lauderdale Fl   |  | 3.4. CITY-5             |                | Weston, Fl. 33326  |                   |              |
| CITY-ST-ZIP               | SD  | ☐ DELETE   | 4.1 TITLE               |                | SD   | Change            | Addition     |
| NAME                      | BERKOWITZ, BEVERLY  | - <del>-</del> ··  | 4. 2 NAME               |                | BERKOWITZ, BEVERLY                                       | A                 | ł            |
| STREET ADDRESS            | 1   |  | 4.3 STREE               | T ADDRESS      | 1912 Water Ridge Drive                                   |                   | }            |
| CITY-ST-ZIP               | FT. LAUDERDALE FL   |  | 4.4 CITY-S              | T-ZIP          | Weston, Fl. 33326  |                   |              |
| TITLE -                   | TD  | ☐ DELETE   | 5.1 TITLE               |                | ጥ  | Change            | ☐ Addition   |
| NAME                      | ASHWOOD, MARK   |  | 5.2 NAME                |                | RÖDENBERG, Jim   |                   |              |
| STREET ADDRESS            |   |  | 5.3 STREE               | TADDRESS       | 1992 Water Ridge Drive                                   |                   | ļ            |
| CITY-ST-ZIP               | FT. LAUDERDALE FL   |  | 5.4 CITY-S              | T-ZIP          | Weston, Fl. 33326  | <u>·</u>          |              |
| TITLE                     |   | ☐ DELETE   | 6.1 TITLE               |                |  | Change            | ☐ Addition   |
| NAME .                    |   |  | 6.2 NAME                |                |  |                   | Į            |
| STREET ADDRESS            | s   | :  |                         | TADDRESS       |  | •                 |              |
| CITY-ST-ZIP               |   |  | 6.4 CITY-S              | T-ZIP          |  |                   |              |

14. 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 annual report or supplemental annual 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 equired by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**