

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N22297 (8)

1. Corporation Name

WATERFORD AT THE POLO CLUB PROPERTY OWNERS' ASSO  
CIATION, INC.



Principal Place of Business

Mailing Address

% LANG MANAGEMENT CO.  
5295 TOWN CENTER RD., #200  
BOCA RATON FL 33486

% LANG MANAGEMENT CO.  
5295 TOWN CENTER RD., #200  
BOCA RATON FL 33486

3. Date Incorporated or Qualified

08/31/1987

3a. Date of Last Report

03/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0040771

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ISAACSON, WM. K.  
% LANG MANAGMENT CO.  
5295 TOWN CENTER #200  
BOCA RATON FL 33486

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant 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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SCHWARTZ, NEIL	
STREET ADDRESS	5744 WATERFORD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BERSHOW, HAROLD	
STREET ADDRESS	5803 WATERFORD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ROTH, NORMAN	
STREET ADDRESS	5724 WATERFORD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALTSCHUL, LARRY	
STREET ADDRESS	5828 WATERFORD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	8 1st VP	<input type="checkbox"/> DELETE
NAME	DELMAN, VINCENT	
STREET ADDRESS	5772 WATERFORD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SUE RUBIN 2VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	5728 WATERFORD	
1.3 STREET ADDRESS	BOCA RATON, FL 33496	
1.4 CITY-ST-ZIP		
2.1 TITLE	NANCY GREENFIELD S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	5764 WATERFORD	
2.3 STREET ADDRESS	BOCA RATON, FL 33496	
2.4 CITY-ST-ZIP		
3.1 TITLE	JOEL GORDON T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	5723 WATERFORD	
3.3 STREET ADDRESS	BOCA RATON, FL 33496	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DR. VINCENT DELMAN VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	5772 WATERFORD	
5.3 STREET ADDRESS	BOCA RATON, FL 33496	
5.4 CITY-ST-ZIP		
6.1 TITLE	200001753580	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-03/22/96--01003--023	
6.3 STREET ADDRESS	***61.25	
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 required 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)