

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17828

**Entity Name:** WATERFORD ISLE HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Jul 01, 2013**  
**Secretary of State**  
**CC8036153162**

**Current Principal Place of Business:**

C/O J & L PROPERTY MGMT., INC.  
10191 WEST SAMPLE ROAD STE 203  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

C/O J & L PROPERTY MGMT., INC.  
10191 WEST SAMPLE ROAD STE 203  
CORAL SPRINGS, FL 33065

**FEI Number: 59-2564214**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CALDERAZZO, JAMES  
C/O J&L PROPERTY MANAGEMENT, INC.  
10191 W SAMPLE ROAD  
CORAL SPRINGS,, FL 33065 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name CAMPBELL, BONNIE  
Address 8404 NW 78TH CT.  
City-State-Zip: TAMARAC FL 33321

Title VP  
Name DAVIDSON, CHARLES  
Address 8435 NW 78TH CT.  
City-State-Zip: TAMARAC FL 33321

Title T S  
Name ABRAHAMS, BERNICE  
Address 7878 NW 84 TERR  
City-State-Zip: TAMARAC FL

Title D  
Name BRAUN, ANDREW  
Address 8431 78 CT  
City-State-Zip: TAMARAC FL 33321

Title D  
Name BURKA, MICHELLE  
Address 8421 NW 78TH CT  
City-State-Zip: TAMARAC FL 33321

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: BONNIE CAMPBELL**

**PRESIDENT**

**07/01/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date