

**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 # **N05979** (2)

1. Corporation Name

**WATERFORD COURTYARDS AT CRYSTAL LAKE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

C/O CMD MANAGEMENT INC.  
3082 JOG RD.  
LAKE WORTH FL 33467

C/O CMD MANAGEMENT INC.  
3082 JOG RD.  
LAKE WORTH FL 33467

3. Date Incorporated or Qualified  
**11/02/1984**

3a. Date of Last Report  
**04/27/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2501453**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

ROSENTHAL, DAVID C  
C/O CMD MANAGEMENT INC.  
3082 JOG RD.  
LAKE WORTH FL 33467

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~PD~~  DELETE  
NAME ~~CANUTE, BRENT~~  
STREET ADDRESS ~~2526 S.W. 15TH ST.~~  
CITY-ST-ZIP ~~DEERFIELD BCH. FL 33442~~

1.1 TITLE V/D  Change  Addition  
1.2 NAME Kappes, Richard A.  
1.3 STREET ADDRESS 2760 SW 15th Street  
1.4 CITY-ST-ZIP Deerfield Beach, FL 33442

TITLE ~~VD~~  DELETE  
NAME BARRY, CYNTHIA  
STREET ADDRESS 2410 S.W. 15TH ST.  
CITY-ST-ZIP DEERFIELD BCH. FL 33442

2.1 TITLE P/D  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ~~TD~~  DELETE  
NAME ~~ROSKIN, GARY~~  
STREET ADDRESS ~~2672 S.W. 15TH ST.~~  
CITY-ST-ZIP ~~DEERFIELD BCH. FL 33442~~

3.1 TITLE T/D  Change  Addition  
3.2 NAME Meininger, Edward  
3.3 STREET ADDRESS 2756 SW 15th Street  
3.4 CITY-ST-ZIP Deerfield Beach, FL 33442

TITLE ~~SD~~  DELETE  
NAME ~~ROLFES, KIMBERLY K~~  
STREET ADDRESS ~~2181 N.E. 44TH ST.~~  
CITY-ST-ZIP ~~LIGHTHOUSE POINT FL 33064~~

4.1 TITLE S/D  Change  Addition  
4.2 NAME Yohman, Michael  
4.3 STREET ADDRESS 2412 SW 15th Street  
4.4 CITY-ST-ZIP Deerfield Beach, FL 33442

TITLE ~~D~~  DELETE  
NAME ~~FONTAINE, MARLENE K~~  
STREET ADDRESS ~~2676 S.W. 15TH ST.~~  
CITY-ST-ZIP ~~DEERFIELD BCH. FL 33442~~

5.1 TITLE D  Change  Addition  
5.2 NAME Hayden, Linda  
5.3 STREET ADDRESS 2416 SW 15th Street  
5.4 CITY-ST-ZIP Deerfield Beach, FL 33442

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

*Cynthia Barry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Cynthia Barry - Pres

5-15-96

Date

954-427-8785

Daytime Phone #

CR2E037 (12/95)