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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33467-2053

3. Date Incorporated or Qualified 11/02/1984
3a. Date of Last Report 05/30/1996

2. Principal Place of Business 2a. Mailing Address
21 C/O UNITE COMM. MGT. CONDO C/O UNITE COMM. MGT. CONDO
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 3300 UNIV DRIVE #405 27 3300 UNIV DRIVE #405
City & State City & State
23 CORAL SPRINGS FL 28 CORAL SPRINGS FL
Zip Country Zip Country
24 33065 25 33065 29 33065 30

4. FEI Number 59-2501453 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
ROSENTHAL, DAVID C
C/O CMD MANAGEMENT INC.
3082 JOG RD.
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent
81 Name UNITE COMMUNITY MGT CONDO
82 Street Address (P.O. Box Number is Not Acceptable) 3300 UNIV DRIVE #405
83
84 City CORAL SPRINGS FL 85 Zip Code 33065

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 UNITE COMMUNITY MGT CONDO (NOTE: Registered Agent signature required when reinstating) DATE 4/24/97

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | KAPPES, RICHARD A. | |
| STREET ADDRESS | 2760 SW 15TH ST | |
| CITY-ST-ZIP | DEERFIELD BCH. FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | BARRY, CYNTHIA | |
| STREET ADDRESS | 2410 S.W. 15TH ST. | |
| CITY-ST-ZIP | DEERFIELD BCH. FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | MEININGER, EDWARD | |
| STREET ADDRESS | 2758 SW 15TH ST | |
| CITY-ST-ZIP | DEERFIELD BCH. FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | YOHMAN, MICHAEL | |
| STREET ADDRESS | 2412 SW 15TH ST | |
| CITY-ST-ZIP | DEERFIELD BEACH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HAYDEN, LINDA | |
| STREET ADDRESS | 2416 SW 15TH ST | |
| CITY-ST-ZIP | DEERFIELD BEACH FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 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 Edward L. Meininger 4/17/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE # 0044083

CPRE037 (9/96)