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FILED
Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: C/O UNITED COMM MGT CORP, 3300 UNIV DRIVE #405, CORAL SPRINGS FL 33065, US

Mailing Address: C/O UNITED COMM MGT CORP, 3300 UNIV DRIVE #405, CORAL SPRINGS FL 33065, US

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

4. FEI Number: 59-2501453

Applied For: Not Applicable

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

UNITED COMMUNITY MGT CORP
3300 UNIV DRIVE #405
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KAPPES, RICHARD A.	
STREET ADDRESS	2780 SW 15TH ST	
CITY-ST-ZIP	DEERFIELD BCH. FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BARRY, CYNTHIA	
STREET ADDRESS	2410 S.W. 15TH ST.	
CITY-ST-ZIP	DEERFIELD BCH. FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	MEININGER, EDWARD	
STREET ADDRESS	2756 SW 15TH ST	
CITY-ST-ZIP	DEERFIELD BCH. FL	
TITLE	MD	<input checked="" type="checkbox"/> DELETE
NAME	YOHMAN, MICHAEL	
STREET ADDRESS	2412 SW 15TH ST	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	LD	<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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

VP/D

S/D Scott Isabella 2644 SW 15 St. Deerfield Bch FL

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 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPRE037 (10/97)