


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90043 004 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N05979

1. Corporation Name
WATERFORD COURTYARDS AT CRYSTAL LAKE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business GYO UNITED COMM MGT CORP 6900 UNIV DRIVE #405 CORAL SPRINGS FL 33065 49-	Mailing Address GYO UNITED COMM MGT CORP 6900 UNIV DRIVE #405 CORAL SPRINGS FL 33065 49-
--	--



2. Principal Place of Business 21 40 Castle Group Suite, Apt. #, etc. 22 P.O. Box 189013 City & State 23 Plantation, FL Zip 24 33318	2a. Mailing Address 26 40 Castle Group Suite, Apt. #, etc. 27 P.O. Box 189013 City & State 28 Plantation, FL Zip 29 33318	3. Date Incorporated or Qualified 11/02/1984	4. FEI Number 59-2501453	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent UNITED COMMUNITY MGT CORP 6900 UNIV DRIVE #405 CORAL SPRINGS FL 33065	10. Name and Address of New Registered Agent 81 Name Castle Property Svc. Group, Inc. 82 Street Address (P.O. Box Numbers Not Acceptable) 4450 W. Sunrise Blvd. 83 Suite C-100 84 City Plantation FL 85 Zip Code 33313
--	--

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 Gail H. Sangunett Gail H. Sangunett, Vice President - Admin. 3/5/99

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD NAME KAPPES, RICHARD A. STREET ADDRESS 2760 SW 15TH ST CITY-ST-ZIP DEERFIELD BCH. FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE VD 1.2 NAME SWEENEY, FRANK 1.3 STREET ADDRESS 2692 S.W. 15th St. 1.4 CITY-ST-ZIP DEERFIELD BEACH, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME MEININGER, EDWARD STREET ADDRESS 2756 SW 15TH ST CITY-ST-ZIP DEERFIELD BCH. FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME SCOTT, ISABELLA STREET ADDRESS 2644 SW 15TH ST CITY-ST-ZIP DEERFIELD BEACH FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SD 3.2 NAME RYAN, JEANINE 3.3 STREET ADDRESS 2420 S.W. 15th St 3.4 CITY-ST-ZIP DEERFIELD BEACH, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD NAME HAYDEN, LINDA STREET ADDRESS 2416 SW 15TH ST CITY-ST-ZIP DEERFIELD BEACH FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE TD 4.2 NAME ROSKIN, GARY 4.3 STREET ADDRESS 2672 S.W. 15th St. 4.4 CITY-ST-ZIP DEERFIELD BEACH, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE ATD 5.2 NAME KASTEN, DON 5.3 STREET ADDRESS 2694 SW 15th St. 5.4 CITY-ST-ZIP DEERFIELD BEACH, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: Edward Meininger, Pres. 3/8/99 (954) 792-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)