

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90082 040 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N05979

1. Entity Name
WATERFORD COURTYARDS AT CRYSTAL LAKE HOMEOWNERS

Principal Place of Business C/O CASTLE GROUP P O BOX 189013 PLANTATION FL 33318 US	Mailing Address C/O CASTLE GROUP P O BOX 189013 PLANTATION FL 33318-9013 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2501453	Applied For Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent
~~CASTLE PROPERTY SVC GROUP INC~~
4450 W SUNRISE BLVD
SUITE C-100
PLANTATION FL 33313

7. Name and Address of New Registered Agent
 Name **Castle Management, Inc.**
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 *Gail H. Sangunett* **Gail H. Sangunett, Vice President** **1/28/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete SWEENEY, FRANK 2692 SW 15TH ST DEERFIELD BCH. FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete MEININGER, EDWARD 2756 SW 15TH ST DEERFIELD BCH. FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete RYAN, JEANINE 2420 SW 15TH ST DEERFIELD BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete ROSKIN, GARY 2672 SW 15TH ST DEERFIELD BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD <input checked="" type="checkbox"/> Delete KASTEN, DON 2694 SW 15TH ST DEERFIELD BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PD BARRY, CYNTHIA 2410 SW 15th St. DEERFIELD BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SD CANINO, LORI 2550 SW 15th St. DEERFIELD BEACH, FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
 SIGNATURE: *Cynthia Barry* **Cynthia Barry, President** **3/8/00** **(954) 792-6000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)