

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N10706 (2)

1. Corporation Name
WATERFORD AT WOODMONT HOMEOWNERS' ASSOCIATION, I NC.



Principal Place of Business Mailing Address
**% WILLIAM WILLNER, CPA
8581 W. MCNAB ROAD
TAMARAC FL 33321**

3. Date Incorporated or Qualified **08/14/1985** 3a. Date of Last Report **02/06/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-2564214	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WILLNER, WILLIAM CPA 8581 W. MCNAB ROAD TAMARAC FL 33321				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BOXMAN, EDWARD			1.2 NAME	HAL KIMMEL		
STREET ADDRESS	8474 WATERFORD CIR.			1.3 STREET ADDRESS	8362 WATERFORD AVE		
CITY-ST-ZIP	TAMARAC FL			1.4 CITY-ST-ZIP	TAMARAC FL 33321		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	S D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HARRIET COHEN			2.2 NAME	ROBERT PERSKY		
STREET ADDRESS	8423 WATERFORD CIR			2.3 STREET ADDRESS	8242		
CITY-ST-ZIP	TAMARAC FL			2.4 CITY-ST-ZIP	TAMARAC FL 33321		
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHAPIRO, GARY			3.2 NAME			
STREET ADDRESS	8332 WATERFORD LN.			3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL			3.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	V D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SEDACCA, ARTHUR			4.2 NAME	JACK COHEN		
STREET ADDRESS	8447 WATERFORD CIR.			4.3 STREET ADDRESS	8423 WATERFORD CIRCLE		
CITY-ST-ZIP	TAMARAC FL			4.4 CITY-ST-ZIP	TAMARAC FL 33321		
TITLE	TD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLNER, WILLIAM			5.2 NAME			
STREET ADDRESS	8413 WATERFORD CR			5.3 STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				6.2 NAME	JERRY CANTON		
STREET ADDRESS				6.3 STREET ADDRESS	8375 WATERFORD CIRCLE		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	TAMARAC FL 33321		

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: _____ DATE: **2/20/96** 954-722-2210
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E037 (12/95)