

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13990 (9)

1. Corporation Name

WATERFORD COURTYARDS AT CRYSTAL LAKE NORTH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O CMD MANAGEMENT, INC.
3082 JOG ROAD
LAKE WORTH FL 33463

C/O CMD MANAGEMENT, INC.
3082 JOG ROAD
LAKE WORTH FL 33463

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/24/1986	3a. Date of Last Report 04/21/1994
4. FEI Number 65-0000872	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business c/o 21 UNITED REALTY MGT CORP	2a. Mailing Address c/o 26 UNITED REALTY MGT CORP
Suite, Apt. #, etc. 22 8211 W. BROWARD BLVD #240	Suite, Apt. #, etc. 27 8211 W. BROWARD BLVD #240
City & State 23 PLANTATION FL	City & State 28 PLANTATION FL
Zip 24 33324	Country 25
Country 29	Zip 30 33324

9. Name and Address of Current Registered Agent

**ROSENTHAL, DAVID C.
C/O CMD MANAGEMENT, INC.
3082 JOG ROAD
LAKE WORTH FL 33463**

10. Name and Address of New Registered Agent

81 Name ANDREW MOSBERG
82 Street Address (P.O. Box Number is Not Acceptable) 8211 W BROWARD BLVD #240
83
84 City PLANTATION
85 State FL
86 Zip Code 33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Andrew Mosberg 4/25/95
Signature, typed or printed name of registered agent, and date (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D	NAME GIORDANO, JUDITH
STREET ADDRESS 2829 WATERFORD DR., N.	CITY - ST - ZIP DEERFIELD BEACH FL
TITLE SD	NAME MYERS, JAY
STREET ADDRESS 2833 WATERFORD DR., N.	CITY - ST - ZIP DEERFIELD BEACH FL
TITLE PD	NAME BANKS, SUSAN
STREET ADDRESS 2812 WATERFORD DRIVE SOUTH	CITY - ST - ZIP DEERFIELD BEACH FL 33442
TITLE VD	NAME SULLIVAN, MICHAEL
STREET ADDRESS 2908 WATERFORD DR., SR.	CITY - ST - ZIP DEERFIELD BEACH FL
TITLE TD	NAME MILLER, KAREN
STREET ADDRESS 2938 WATERFORD DRIVE SOUTH	CITY - ST - ZIP DEERFIELD BEACH FL 33442
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE S, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME SHEILA STAIKER	
2.3 STREET ADDRESS 2816 WATERFORD DRIVE SOUTH	
2.4 CITY - ST - ZIP DEERFIELD BEACH, FL 33442	
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 O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME ORANGE COCA	
5.3 STREET ADDRESS 2971 WATERFORD DRIVE NORTH	
5.4 CITY - ST - ZIP DEERFIELD BEACH, FL 33442	
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 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: Susan G. Banks 4/25/95 308-452-2400
Signature and typed or printed name of signing officer or director Date (Daytime Phone)