

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N13990** (9)

1. Corporation Name

**WATERFORD COURTYARDS AT CRYSTAL LAKE NORTH HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

C/O UNITED REALTY MGT CORP  
8211 W. BROWARD BLVD., APT. 240  
PLANTATION FL 33324  
US

C/O UNITED REALTY MGT CORP  
8211 W. BROWARD BLVD., #240  
PLANTATION FL 33324  
US

3. Date Incorporated or Qualified  
**03/24/1986**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21. C/O UNITED REALTY  
Suite, Apt. #, etc.

26. C/O UNITED REALTY  
Suite, Apt. #, etc.

22. 3300 UNIV DRIVE #405

27. 3300 UNIV DRIVE #405

23. CORAL SPRINGS FL  
City & State

28. CORAL SPRINGS FL  
City & State

24. 33065  
Zip

25. Country

29. 33065  
Zip

30. Country

4. FEI Number  
**65-0000872**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOSBERG, ANDREW  
8211 W. BROWARD BLVD.  
APT. 240  
PLANTATION FL 33324

81. Name **ANDREW MOSBERG**

82. Street Address (P.O. Box Number is Not Acceptable)  
**3300 UNIV DRIVE #405**

83.

84. City **CORAL SPRINGS FL**

85. Zip Code **33065**

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME **TD GIORDANO, JUDITH**  
STREET ADDRESS **2829 WATERFORD DR., N. DEERFIELD BEACH FL**

11. TITLE **SO**  Change  Addition  
12. NAME  
13. STREET ADDRESS  
14. CITY - ST - ZIP

TITLE  DELETE  
NAME **SD STRIKER, SHEILA**  
STREET ADDRESS **2816 WATERFORD DRIVE SOUTH DEERFIELD BEACH FL**

21. TITLE **TO**  Change  Addition  
22. NAME  
23. STREET ADDRESS  
24. CITY - ST - ZIP

TITLE  DELETE  
NAME **PD BANKS, SUSAN**  
STREET ADDRESS **2812 WATERFORD DRIVE SOUTH DEERFIELD BEACH FL 33442**

31. TITLE  Change  Addition  
32. NAME  
33. STREET ADDRESS  
34. CITY - ST - ZIP

TITLE  DELETE  
NAME **VD SULLIVAN, MICHAEL**  
STREET ADDRESS **2908 WATERFORD DR., SR. DEERFIELD BEACH FL**

41. TITLE  Change  Addition  
42. NAME **CAROLYN PANDELA, KY**  
43. STREET ADDRESS **2887 WATERFORD DRIVE N. GULCH #32 DEERFIELD BEACH FL 33442**  
44. CITY - ST - ZIP

TITLE  DELETE  
NAME **D DANTE, COCO**  
STREET ADDRESS **2971 WATERFORD DRIVE, NORTH DEERFIELD BEACH FL**

51. TITLE  Change  Addition  
52. NAME  
53. STREET ADDRESS  
54. CITY - ST - ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61. TITLE  Change  Addition  
62. NAME  
63. STREET ADDRESS  
64. 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: **X Sheila Striker**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/96**

Date

Daytime Phone #

CR2E037 (12/95)