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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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
C/O UNITED REALTY MGT CORP
3300 UNIVERSITY DR., #405
CORAL SPRINGS FL 33065
US

Mailing Address
C/O UNITED REALTY MGT CORP
3300 UNIVERSITY DR., #405
CORAL SPRINGS FL 33065-4130
US

3. Date Incorporated or Qualified 03/24/1986
3a. Date of Last Report 05/01/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

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
MOSBERG, ANDREW
3300 UNIVERSITY DR.
#405
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent
81 Name UNITE COMMUNITY MGT. CORP
82 Street Address (P.O. Box Number if 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]*
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 4/24/97

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	GIORDANO, JUDITH	
STREET ADDRESS	2829 WATERFORD DR., N.	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	STRIKER, SHEILA	
STREET ADDRESS	2816 WATERFORD DRIVE SOUTH	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BANKS, SUSAN	
STREET ADDRESS	2812 WATERFORD DRIVE SOUTH	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PANDELACHY, CAROLYN	
STREET ADDRESS	2887 WATERFORD DR. N. BUILD. #32	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DANTE, COCO	
STREET ADDRESS	2971 WATERFORD DRIVE, NORTH	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SWAN BANKS 4/24/97 954-152-8119
Date Daytime Phone # 0022286

CR2E037 (9/96)