


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 26 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

3. Date Incorporated or Qualified
 03/24/1986

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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 c/o Castle Group 26 c/o Castle Group
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 P.O. Box 189013 27 P.O. Box 189013
 City & State City & State
 23 Plantation, FL 28 Plantation, FL
 Zip Country Zip Country
 24 33318 25 USA 29 33318 30 USA

9. Name and Address of Current Registered Agent
 UNITED COMMUNITY MGT CORP
 3300 UNIV DRIVE #405
 CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent
 81 Name
 Castle Property Services Group, Inc.
 82 Street Address (P.O. Box Number is Not Acceptable)
 4450 West Sunrise Boulevard
 83 Suite C-100
 84 City
 Plantation FL 85 Zip Code
 33313

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 *Gail H. Sangunett* Gail H. Sangunett, Vice President - Administration 8/6/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 checked="" type="checkbox"/> DELETE
NAME	STRIKER, SHEILA	
STREET ADDRESS	2816 WATERFORD DRIVE SOUTH	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	PD	<input checked="" 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 checked="" 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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sullivan, Michael	
2.3 STREET ADDRESS	2908 Waterford Drive South	
2.4 CITY-ST-ZIP	Deerfield Beach, FL 33442	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Stoyonovich, Jim	
3.3 STREET ADDRESS	2882 Waterford Drive North	
3.4 CITY-ST-ZIP	Deerfield Beach, FL 33442	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	400002625274	
4.3 STREET ADDRESS	-08/26/98--01026--039	
4.4 CITY-ST-ZIP	***61.25	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Kaufman, Jeff	
5.3 STREET ADDRESS	2856 Waterford Drive South	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: *Judith Giordano* Judith Giordano, President 8/6/98 (954) 792-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)