

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90005 018 ****61.25

DOCUMENT # N13990

1. Entity Name

WATERFORD COURTYARDS AT CRYSTAL LAKE NORTH HOME0

Principal Place of Business

Mailing Address

C/O CASTLE GROUP
 P.O. BOX 189013
 PLANTATION FL 33318
 US

C/O CASTLE GROUP
 P.O. BOX 189013
 PLANTATION FL 33318-9013
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

PRIME MANAGEMENT GROUP
6300 PARK OF COMMERCE BLV
BOCA RATON FL 33487

City & State

Zip

4. FEI Number

65-0000872

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTLE PROPERTY SERVICES GROUP, INC.
4450 WEST SUNRISE BOULEVARD
SUITE C-100
PLANTATION FL 33313

Name

SWATT, EMYRON
6300 PK OF COMMERCE BLVD
BOCA RATON, FL 33487

City

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/3/00
 DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<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	SULLIVAN, MICHAEL	
STREET ADDRESS	2908 WATERFORD DRIVE SOUTH	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CARLUCCI, LORRAIN	
STREET ADDRESS	2871 WATERFORD DR NO	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	PANDELACHY, CAROLYN	
STREET ADDRESS	2887 WATERFORD DR. N. BULD. #32	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KAUFMAN, JEFF	
STREET ADDRESS	2856 WATERFORD DRIVE SOUTH	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANTAMARIA, RODOLFO	
STREET ADDRESS	2895 WATERFORD DRIVE NO.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pandelachy, Carolyn	
STREET ADDRESS	2887 Waterford Dr. N. BULD #32	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFMAN, JEFF	
STREET ADDRESS	2856 WATERFORD DRIVE SOUTH	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Judith Giordano 12 April 2000

CR2E037 (9/99)