## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **FILED** May 13, 2002 8:00 am Secretary of State 05-13-2002 90091 017 \*\*\*\*61.25

Wat Hom	erford Courtyards meowners Association							
	DO NOT WRITE	IN THIS SI	PACE					
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		7932 Wiles Road Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State  Coral Springs FT.		4. FEI Number 65-0000872	Applied For Not Applicable			
Zip	Country	33067	USA	5. Certificate of Status Desired   \$8.75 Additional Fee Required				
DO NOT WRITE IN THIS SPACE    Name								
SIGNATURE  9. This corporate filing	Signature, typed or printed name of registered adents oration is eligible to satisfy its Intangible requirement and elects to do so.	January 1 - M After May Amended	registered office or regist  Registered Agent signature require  ay 1 Fee is \$150.00  1, Fee is \$550.00  UBR is \$61.25  te to Department of S	stered agent, or both, in the State of Florida.    Control of Plorida	<b>≥</b> \$5.00 May Be			
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Director-Pres Giordano, Judith 2829 Waterford Dr Deerfield Beach, Director-VP	. No	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kaufman, Jeff 2856 Waterford Dr Deerfield Beach, Director-Sec Smith, Doug 2846 Waterford Dr Deerfield Beach,	FL 33442	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRI				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director-Treas Libby, Fred 2912 Waterford Dr Deerfield Beach,	. No	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPAC	E			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Giordano, Richard 2829 Waterford Dr Deerfield Beach,	. No	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:	<u>} (</u>	ria	id	'. <i>O</i>	. X
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