

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 # **N19988** (7)

1. Corporation Name

WATERFORD COURTYARDS IN JACARANDA AT CENTRAL PARK HOMEOWNERS ASSOCIATION, INC.



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| Principal Place of Business WATERFORD COURTYARDS HOA 9990 NW 6 COURT PLANTATION FL 33324 US | Mailing Address WATERFORD COURTYARDS HOA 9990 NW 6 COURT PLANTATION FL 33324 US |
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| 3. Date Incorporated or Qualified 04/06/1987 | 3a. Date of Last Report 07/17/1995 |
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|---|---|-------------|-------------|
| 21. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 22. Mailing Address Suite, Apt. #, etc. City & State Zip | 23. Country | 24. Country |
|---|---|-------------|-------------|

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| 4. FEI Number 65-0001788 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent D'ANNA, RON 2300 GLADES ROAD SUITE 400- EAST TOWER BOCA RATON FL 33431 | 10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LASKIN LINDA 719 NW 98TH CIRCLE BLDG 74 PLANTATION FL <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | SECRETARY LASKIN, LINDA 719 NW 98 Circle Bldg 74 PLANTATION, FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD BROOKS, JOHN 9991 NW 7 STREET BLDG #52 PLANTATION FL <input checked="" type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | TREASURER ESTY SCHLEIFER 9897 NW 6 Court Bldg 21 PLANTATION, FLORIDA 33324 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BETZ, KATHLEEN 9924 NW 6 COURT BLDG #9 PLANTATION FL <input checked="" type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | PRESIDENT SHARON MARTINO 9864 NW 6 Court Bldg 3 PLANTATION, FL 33324 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MAINMAN, SHIRLEY 9940 NW 6 PLACE BLDG #50 PLANTATION FL <input checked="" type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | DIRECTOR AL CLARK 9851 NW 6 COURT Bldg 33 PLANTATION, FLORIDA 33324 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DD DELELLO, VINCENT 9841 NW 6 PLACE BLDG #41 PLANTATION FL <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | DIRECTOR DELELLO, VINCENT 9841 NW 6 Place Bldg 41 PLANTATION, FL 33324 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Linda Laskin LINDA LASKIN, SECRETARY 3/16/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)