

**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.**



Principal Place of Business <b>WATERFORD COURTYARDS HOA 9990 NW 6 COURT PLANTATION FL 33324 US</b>	Mailing Address <b>WATERFORD COURTYARDS HOA 9990 NW 6 COURT PLANTATION FL 33324 US</b>
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3. Date Incorporated or Qualified: **04/06/1987**      3a. Date of Last Report: **07/17/1995**

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. City & State
25. Country	29. Zip
30. Country	

4. FEI Number: **65-0001788**      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 <b>D'ANNA, RON 2300 GLADES ROAD SUITE 400- EAST TOWER BOCA RATON FL 33431</b>	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

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

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)