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 Mar 06 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
 WATERFORD COURTYARDS HOA 9990 NW 6 COURT PLANTATION FL 33324 US
 WATERFORD COURTYARDS HOA 9990 NW 6 COURT PLANTATION FL 33324-4951 US

3. Date Incorporated or Qualified 04/06/1987
 3a. Date of Last Report 03/26/1996
 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

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

9. Name and Address of Current Registered Agent
 D'ANNA, RON
 2300 GLADES ROAD
 SUITE 400- EAST TOWER
 BOCA RATON FL 33431
 FEB 28 1997
 2053

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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	
TITLE	S <input type="checkbox"/> DELETE
NAME	LASKIN, LINDA
STREET ADDRESS	719 NW 98 CIRCL BLDG 74
CITY-ST-ZIP	PLANTATIN FL
TITLE	T <input type="checkbox"/> DELETE
NAME	SCHLEIFER, ESTY
STREET ADDRESS	9897 NW 6 COURT BLDG 21
CITY-ST-ZIP	PLANTATION FL
TITLE	P <input type="checkbox"/> DELETE
NAME	MARTINO, SHARON
STREET ADDRESS	9864 NW 6 COURT BLDG 3
CITY-ST-ZIP	PLANTATION FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CLARK, AL
STREET ADDRESS	9851 NW 6 COURT BLDG 33
CITY-ST-ZIP	PLANTATION FL
TITLE	D <input type="checkbox"/> DELETE
NAME	DELELLO, VINCENT
STREET ADDRESS	9841 NW 6 PLACE BLDG 41
CITY-ST-ZIP	PLANTATION FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LARRY MARGOLIS
1.3 STREET ADDRESS	9931 NW 6 CT
1.4 CITY-ST-ZIP	Plantation, Fla 33324
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 do 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 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: *Esty Schleifer* 1-20-97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0037220

CP2E037 (9/96)