

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90043 028 ****61.25

DOCUMENT # N19988

1. Entity Name

WATERFORD COURTYARDS IN JACARANDA AT CENTRAL PAR

Principal Place of Business

Mailing Address

**WATERFORD COURTYARDS HOA
 9990 NW 6 COURT
 PLANTATION FL 33324
 US**

**C/O GOLDMAN JUDA
 7771 W. OAKLAND PK BLVD.
 FT. LAUDERDALE FL 33351-6749
 US**

110273



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0001788

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**D'ANNA, RON
 2300 GLADES ROAD
 SUITE 400- EAST TOWER
 BOCA RATON FL 33431**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL | 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)

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

TITLE		<input type="checkbox"/> Delete
NAME	MARGOLIS, LARRY	
STREET ADDRESS	9931 NW 6 CT	
CITY-ST-ZIP	PLANTATIN FL	
TITLE		<input type="checkbox"/> Delete
NAME	LICCIARDO, VINCENT	
STREET ADDRESS	9979 NW 6TH CT.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHEDUCK, GERTRUDE	
STREET ADDRESS	717 NW 98 WAY	
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	D	<input checked="" type="checkbox"/> Delete
NAME	PROMOTICO, ALBERT	
STREET ADDRESS	714 NW 99TH CIRCLE	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

PEZZULO MARYANN Change Addition
9919 NW 6TH PLACE 347
PLANTATION, FL 33324

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 OF MARGOLIS (T)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/2000 973-2576
 Date Daytime Phone #