

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 JUL 31 AM 10: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N19988 1. Entity Name WATERFORD COURTYARDS IN JACARANDA AT CENTRAL PARK HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business % BECKER MANAGEMENT INC. P.O. BOX 612043 POMPANO BEACH, FL 33061-2043 US		Mailing Address % BECKER MANAGEMENT INC. P.O. BOX 612043 POMPANO BEACH, FL 33061-2043 US
2. Principal Place of Business 9990 NW 6th Court Suite, Apt. #, etc.	3. Mailing Address 9990 NW 6th Court Suite, Apt. #, etc.	07222006 Chg-NP CR2E037 (4/06)
City & State Plantation, FL	City & State Plantation, FL	4. FEI Number 65-0001788
Zip 33324	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent TRIPP SCOTT, P.A. 110 SE 6TH STREET SUITE 1500 - 15TH FLOOR FORT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		600078382166 09/04/06--01045--009 **\$1.25 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CERAFICE, GREGORY 762 NW 99 CIRCLE PLANTATION, FL 333244947	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KOHN, STEVE 9892 NW 6TH CT. PLANTATION, FL 333244949	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRADLEY, KATHLEEN 9909 NW 6 COURT PLANTATION, FL 333244903	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANDFORD, SMITH 9972 N.W. 6TH COURT PLANTATION, FL 333244951	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAN, IRENE 9884 NW 6 COURT PLANTATION, FL 333244949	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 to this address, with all other like empowered.		
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		jc 8/3 Date: 7/27/06 Daytime Phone #: 954-593-8992