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**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90069 019 \*\*\*\*61.25

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N96000003934**

1. Corporation Name  
**WATERFORD CROSSINGS COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

8190 STATE RD. 84  
 DAVIE FL 33324

Mailing Address

8190 STATE RD. 84  
 DAVIE FL 33324



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date incorporated or Qualified

07/25/1996

4. FEI Number

59-0711005

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

9. Name and Address of Current Registered Agent

**SOUTH FLORIDA RESIDENT AGENTS, INC.**  
 200 S. BISCAYNE BLVD., STE. 4750  
 MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name  
**Scott Greven**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 **2956 NW 99 Terrace**  
 84 City  
**Sunrise** **FL** 85 Zip Code  
**33322**

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 *Scott A. Greven* **Scott A. Greven** **President** **3/23/99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	EISENMAN, TOREY	
STREET ADDRESS	8190 STATE ROAD 84	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	WOODREY, SCOTT	
STREET ADDRESS	8190 STATE ROAD 84	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	BLAIR, GREGORY	
STREET ADDRESS	8190 STATE RD. 84	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P-Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Scott Greven	
1.3 STREET ADDRESS	2956 NW 99 Ter	
1.4 CITY-ST-ZIP	Sunrise, FL 33322	
2.1 TITLE	VP-Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<del>James Kopp</del> Ron Brown	
2.3 STREET ADDRESS	<del>2956</del> NW 99 Terrace	
2.4 CITY-ST-ZIP	<del>2956</del> Sunrise, FL 33322	
3.1 TITLE	s-Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Yvonne Bernard	
3.3 STREET ADDRESS	2961 NW 99 Terrace	
3.4 CITY-ST-ZIP	Sunrise, FL 33322	
4.1 TITLE	T-Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<del>Garcia, Lazaro</del> T.J. Singer	
4.3 STREET ADDRESS	<del>2844</del> NW 99 Terrace	
4.4 CITY-ST-ZIP	<del>2968</del> Sunrise, FL 33322	
5.1 TITLE	Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	William Shaw	
5.3 STREET ADDRESS	2953 NW 99 Terrace	
5.4 CITY-ST-ZIP	Sunrise, FL 33322	
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 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, with all other like empowered.

SIGNATURE: *Scott A. Greven* **Scott A. Greven**

3/19/99

954-344-5353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)