

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

0036346

DOCUMENT # N96000003934

1. Entity Name

WATERFORD CROSSINGS COMMUNITY ASSOCIATION, INC.

02-13-2001 90070 030 ****61.25

Principal Place of Business

Mailing Address

C/O BENCHMARK PROPERTY MGMT.
 7932 WILES ROAD
 CORAL SPRINGS FL 33067

C/O BENCHMARK PROPERTY MGMT.
 7932 WILES ROAD
 CORAL SPRINGS FL 33067

A0022321



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

C/O PRO PROPERTY MGMT
 Suite, Apt. #, etc.
2176 W. OAKLAND PARK BLVD

C/O PRO PROPERTY MGMT
 Suite, Apt. #, etc.
2176 W. OAKLAND PARK BLVD

City & State
FT. LAUDERDALE, FL

City & State
FT. LAUDERDALE, FL

4. FEI Number

59-0711005

Applied For

Not Applicable

Zip
33311

Country
USA

Zip
33311

Country
USA

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

ALBOLINO, CJ
3028 BIRKDALE
WESTON FL 33332

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
DP	ALBOLINO, CJ	3028 BIRKDALE	WESTON FL 33332	<input type="checkbox"/>
VPD	BROWN, TONY	2828 NW 90 TERR	SUNRISE FL 33322	<input checked="" type="checkbox"/>
DT	SINGER, T. J.	2968 NW 99 TERR	SUNRISE FL 33332	<input type="checkbox"/>
D	SHAW, BILL	2953 NW 99 TERR	SUNRISE FL 33332	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/01
 Date

Daytime Phone #

CR2E037 (10/00)