

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Apr 06, 1999 8:00 am
Secretary of State

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

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.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 Required6. 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

NAME

STREET ADDRESS

CITY-ST-ZIP

DP

EISENMAN, TOREY**8190 STATE ROAD 84****DAVIE FL 33324**☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DV

WOODREY, SCOTT**8190 STATE ROAD 84****DAVIE FL 33324**☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DST

BLAIR, GREGORY**8190 STATE RD. 84****DAVIE FL 33324**☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

P-Dir

Scott Greven**2956 NW 99 Ter****Sunrise, FL 33322**☐ Change ☒ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VP-Dir

James Kopp Ron Brown**2956 NW 99 Terrace****Sunrise, FL 33322**☐ Change ☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

s-Dir

Yvonne Bernard**2961 NW 99 Terrace****Sunrise, FL 33322**☐ Change ☒ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

T-Dir

Garcia, Lazaro T.J. Singer**2844 NW 99 Terrace****Sunrise, FL 33322**☐ Change ☒ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Dir

William Shaw**2953 NW 99 Terrace****Sunrise, FL 33322**☐ Change ☒ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)