


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91006 012 ****61.25

DOCUMENT # N00000007951 1. Entity Name WATERFORD LAKES COMMERCIAL FACILITIES OWNERS' ASSOCIATION, INC.													
Principal Place of Business PENN FIRST MANAGMENT INC 1813 N DEAN RD ORLANDO, FL 32817			Mailing Address PENN FIRST MANAGMENT INC 1813 N DEAN RD ORLANDO, FL 32817										
2. Principal Place of Business		3. Mailing Address											
Suite, Apt. #, etc.		Suite, Apt. #, etc.											
City & State		City & State											
Zip	Country	Zip	Country	4. FEI Number 59-3711977									
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> PENN FIRST MANAGMENT INC 1813 N DEAN RD ORLANDO, FL 32817 </div> <div style="width: 45%;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Na</td><td style="padding: 2px;">PENN FIRST MANAGEMENT INC.</td></tr> <tr><td style="padding: 2px;">Str</td><td style="padding: 2px;">498 PALM SPRINGS DRIVE #235</td></tr> <tr><td style="padding: 2px;">City</td><td style="padding: 2px;">ALTAMONTE SPRINGS, FL 32701</td></tr> <tr><td style="padding: 2px;">Zip Code</td><td style="padding: 2px;"></td></tr> </table> </div> </div>						Na	PENN FIRST MANAGEMENT INC.	Str	498 PALM SPRINGS DRIVE #235	City	ALTAMONTE SPRINGS, FL 32701	Zip Code	
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Str	498 PALM SPRINGS DRIVE #235												
City	ALTAMONTE SPRINGS, FL 32701												
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>													
Filing Fee is \$61.25 Due by May 1, 2004		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	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	JACOBSON, RUSSELL		NAME										
STREET ADDRESS	134 BRADGATE DR		STREET ADDRESS										
CITY-ST-ZIP	THORNHILL ONTARIO CANADA, L3T7M2		CITY-ST-ZIP										
TITLE	VPD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	MAKRAMSKY, JAMES		NAME										
STREET ADDRESS	385 DOUGLAS AVE STE 100		STREET ADDRESS										
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP										
TITLE	SD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	ROSSINI, REGINA		NAME										
STREET ADDRESS	730 BONNIE ST		STREET ADDRESS										
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP										
TITLE	TD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	MIKOLENKO, NICOLAU		NAME										
STREET ADDRESS	13698 CYRSTAL RIVER DR		STREET ADDRESS										
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP										
TITLE	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	CAVANAUGH, THOMAS		NAME										
STREET ADDRESS	730 BONNIE BRAE ST		STREET ADDRESS										
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP										
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME			NAME										
STREET ADDRESS			STREET ADDRESS										
CITY-ST-ZIP			CITY-ST-ZIP										
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: <u>Regina Rossini</u> <u>REGINA ROSSINI</u> <u>4-21-04</u> <u>407-628-3065</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>													

Attachment

5-10-1989

#J00000007951

Waterford lakes Commercial Facilities Owners Board of Directors

	<u>Name</u>	<u>Address</u>
President	Thomas Cavanaugh	730 Bonnie Brae Street Winter Park, Florida 32789
Vice President	James Makransky	385 Douglas Avenue, Suite 100 Altamonte Springs, Florida 32714
Secretary	Regina Rossini	730 Bonnie Brae Street Winter Park, Florida 32789
Treasurer	Nicolau Milkolenko	13698 Crystal River Drive Orlando, Florida 32828
Member	James Boures	919 North Michigan Ave. Chicago, IL. 60611