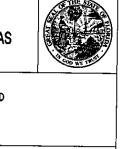
2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N0000007951 1. Entity Name WATERFORD LAKES COMMERCIAL FACILITIES OWNERS' AS SOCIATION, INC.		
Principal Place of Business 14237 LAKE UNDERHILL RD DRLANDO-FL-92020	Mailing Address 1 4207 LAKE UNDERHILL R D O RLANDO FL 32828	

FILED Feb 28, 2003 8:00 am **Secretary of State**

02-28-2003 90158 022 ****61.25



2. Principal Place of Business 3. Mailing Address PENN FIRST PENN-FIRST CHECK HERE IF MAKING CHANGES MANAGEMENT INC **MANAGEMENT INC**

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1813 N.DEAN RD **1813 N.DEAN RD** 4. FEI Number 59-3711977 Applied For ORLANDO FL 32817 ORLANDO FL 32817-Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent A-G-CO. PENN FIRST. 200 G ORANGE AVE: STE-2800 MANAGEMENT INC OBLANDO FL-02801 **1813 N.DEAN RD** GI ORLANDO FL 32817 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. 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Addition Jacobson, Russell NAME NAME STREET ADDRESS 134 BRADGATE DR STREET ADDRESS THORNHILL ONTARIO CANADA L3T7M-2 CITY-ST-ZIP CITY-ST-ZIP TITLE James Makransky Delete, TITLE, VPD ☐ Change Addition SMITH, RALPH NAME 385 Douglas Ave Suite 100 STREET ADDRESS 813 WHITE RIVER OR STREET ADDRESS OBLANDO FL 32828 CITY-ST-ZIP -Altamonte-Spas. F1-32714 CITY-ST-ZIP TITLE S D Regina Rossini 730 Bonnie Braest Delete Change VELASQUEZ: IVETTE NAME STREET ADDRESS 1306-ROBERTA-AVE STREET ADDRESS Wmter Park 32789 CITY-ST-ZIP OBLANDO FL 32825 CITY-ST-ZIP TITLE ☐ Delete Nicolau Mikolenko TITLE OF D NAME NAME 13698 Crystal River Dr. STREET ADDRESS STREET ADDRESS Orlando FL 32828 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THOMAS CAVANAUGH Change Addition NAME NAME 730 BONNIE BRAE ST STREET ADDRESS STREET ADDRESS WINTER PARKIEL 3278 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this juing 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 of 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:

E REQUIRED