


**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90054 015 \*\*\*\*61.25

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

**DOCUMENT # N0200008135**

1. Entity Name  
**WATERFORD LAKES PROFESSIONAL PARK  
 PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
 1813 N DEAN ROAD STE 103  
 ORLANDO, FL 32817

Mailing Address  
 1813 N DEAN ROAD STE 103  
 ORLANDO, FL 32817

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number  
**84-1619525**

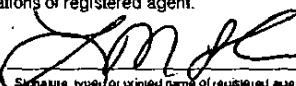
Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**LOWMAN, WILLIAM R  
 316 E ROBINSON ST STE 600  
 ORLANDO, FL 32817**

7. Name and Address of New Registered Agent  
 Name **Penn First Management, Inc.**  
 Street Address (P.O. Box Number is Not Acceptable) **1813 N. Dean Rd #103**  
 City **Orlando** FL Zip Code **32817**

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  **Lawrence M. Sheeler, President** DATE **4/28/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

**FILE NOW FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SHEELER, LAWRENCE M</b>	
STREET ADDRESS	<b>523 SPRING ISLAND WAY</b>	
CITY-STATE-ZIP	<b>ORLANDO, FL 32828</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BONTRAGER, THOMAS K</b>	
STREET ADDRESS	<b>232 LEXINGTON DR</b>	
CITY-STATE-ZIP	<b>ORLANDO, FL 32828</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, RALPH E SR</b>	
STREET ADDRESS	<b>813 WHITE RIVER DR</b>	
CITY-STATE-ZIP	<b>ORLANDO, FL 32828</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  **Lawrence M. Sheeler** DATE **4/28/03** DAYTIME PHONE # **407-282-9988 ext 102**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)