

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90043 038 \*\*\*\*61.25

**DOCUMENT # N93000002938**  
 1. Entity Name  
**WATERFORD LAKES TRACT N-32 NEIGHBORHOOD ASSOCIAT**

Principal Place of Business      Mailing Address  
 DON ASHER & ASSOC.      52 E. SOUTH ST.  
 ORLANDO FL 32801      ORLANDO FL 32801-3308

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      Applied For  
**59-3203279**      Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**DON ASHER & ASSOCIATES, INC.**  
**52 E. SOUTH STREET**  
**ORLANDO FL 32801**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BUTLER, MATTHEW D	
STREET ADDRESS	13551 EMERALDVIEW DR.	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ANDERASEN, DAVID S	
STREET ADDRESS	13577 FORDWELL DRIVE	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	TDIS	<input type="checkbox"/> Delete
NAME	MERCHANT, SAM	
STREET ADDRESS	13527 EMERALDVIEW DRIVE	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DIXON, NANCY	
STREET ADDRESS	13530 FORDWELL DRIVE	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dixon, Nancy	
STREET ADDRESS	13530 Fordwell Dr.	
CITY-ST-ZIP	Orlando, FL 32828	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Conklin, Larry	
STREET ADDRESS	13546 Fordwell Dr	
CITY-ST-ZIP	Orlando, FL 32828	
TITLE	D	<input checked="" type="checkbox"/> Change, <input checked="" type="checkbox"/> Addition
NAME	Machacayk, Tom	
STREET ADDRESS	13522 Emeraldview Dr.	
CITY-ST-ZIP	Orlando, FL 32822	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elliott, Michael Ann.	
STREET ADDRESS	13531 Emeraldview	
CITY-ST-ZIP	Orlando, FL, 32828	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exempt indicated on this report or supplemental report is true and accurate and that my signature of the corporation or the receiver or trustee empowered to execute this report as required changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **TREASURER**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sam signs as officer. Thanks.*

I further certify that the information under oath; that I am an officer or director name appears in Block 10 or Block 11 if  
**(407) 425-4561**  
 Daytime Phone #