

FILE NOW: FILING FEE IS \$61.25

FILED
 Sep 04 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N93000005104**
 1. Corporation Name
WATERFORD LAKES TRACT N.W.T.B. NEIGHBORHOOD ASSOCIATION, INC

Principal Place of Business Mailing Address
**453 MARK TWAIN BLVD.
 ORLANDO FL 32828**

2. Principal Place of Business 2a. Mailing Address
 21 **453 MARK TWAIN BLVD** 26
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22
 City & State 27
 23 **ORLANDO FL** 28
 City & State
 24 **32828** 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **11-8-1993** 3a. Date of Last Report **2-21-97**
 4. FEI Number **59-3216457** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**A. FERNANDEZ
 453 MARK TWAIN BLVD
 ORLANDO FL 32828**

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City **FL** B5 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input checked="" type="checkbox"/> DELETE
NAME	RALPH E SMITH SR	
STREET ADDRESS	1753 MARK TWAIN BLVD	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	S/T/D	<input checked="" type="checkbox"/> DELETE
NAME	ZVETTE VELASQUEZ	
STREET ADDRESS	1753 MARK TWAIN BLVD	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	V/D	<input checked="" type="checkbox"/> DELETE
NAME	BARBARA SMITH	
STREET ADDRESS	1753 MARK TWAIN BLVD	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBERT McCALLISTER	
1.3 STREET ADDRESS	453 MARK TWAIN BLVD	
1.4 CITY-ST-ZIP	ORLANDO FL 32828	
2.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LYSA KNIGHT	
2.3 STREET ADDRESS	453 MARK TWAIN BLVD	
2.4 CITY-ST-ZIP	ORLANDO FL 32828	
3.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LAURA KELLEY	
3.3 STREET ADDRESS	453 MARK TWAIN BLVD	
3.4 CITY-ST-ZIP	ORLANDO FL 32828	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BETSY SHORT	
4.3 STREET ADDRESS	453 MARK TWAIN BLVD	
4.4 CITY-ST-ZIP	ORLANDO FL 32828	
5.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MIKE AMBROSIO	
5.3 STREET ADDRESS	453 MARK TWAIN BLVD	
5.4 CITY-ST-ZIP	ORLANDO FL 32828	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: Robert J. McCallister 8/27/97 (407) 382-6731
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)