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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N93000005104 (5)

1. Corporation Name
WATERFORD LAKES TRACT N-25B NEIGHBORHOOD ASSOCIATION, INC.

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



3. Date Incorporated or Qualified
11/08/1993

4. FEI Number 59-3216457 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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

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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 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 officer 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC CALLISTER, ROBERT	1.2 NAME	
STREET ADDRESS	453 MARK TWAIN BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32828	1.4 CITY-ST-ZIP	
TITLE	S D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNITH, LYSA	2.2 NAME	SD KNIGHT LYSA
STREET ADDRESS	453 MARK TWAIN BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32828	2.4 CITY-ST-ZIP	
TITLE	T D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, LAURA	3.2 NAME	
STREET ADDRESS	453 MARK TWAIN BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32828	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHORT, BETSY	4.2 NAME	
STREET ADDRESS	453 MARK TWAIN BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32828	4.4 CITY-ST-ZIP	
TITLE	VP D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMBROSIO, MIKE	5.2 NAME	
STREET ADDRESS	453 MARK TWAIN BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32828	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 in an attachment with an address.

SIGNATURE: *Laura Kelly* x 2/24/98 x (407) 277-6032

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)