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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005104

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

Principal Place of Business 453 MARK TWAIN BLVD. ORLANDO FL 32828	Mailing Address 453 MARK TWAIN BLVD. ORLANDO FL 32828
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/08/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3216457
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 LAWRENCE M SHEELER 82 Street Address (P.O. Box Number is Not Acceptable) 453 MARK TWAIN BLVD 83 84 City ORLANDO FL 85 Zip Code 32828
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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 *[Signature]* DATE **2/4/99**

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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MC CALLISTER, ROBERT		1.2 NAME IAN JARVAGIN	
STREET ADDRESS 453 MARK TWAIN BLVD.		1.3 STREET ADDRESS 453 MARK TWAIN BLVD	
CITY-ST-ZIP ORLANDO FL 32828		1.4 CITY-ST-ZIP ORLANDO FL 32828	
TITLE SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KNIGHT, LYSA		2.2 NAME LYSA KNIGHT	
STREET ADDRESS 453 MARK TWAIN BLVD.		2.3 STREET ADDRESS 453 MARK TWAIN BLVD	
CITY-ST-ZIP ORLANDO FL 32828		2.4 CITY-ST-ZIP ORLANDO FL 32828	
TITLE TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KELLY, LAURA		3.2 NAME JOEL GRAVES	
STREET ADDRESS 453 MARK TWAIN BLVD.		3.3 STREET ADDRESS 453 MARK TWAIN BLVD	
CITY-ST-ZIP ORLANDO FL 32828		3.4 CITY-ST-ZIP ORLANDO FL 32828	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE S.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHORT, BETSY		4.2 NAME T. ATKINSON	
STREET ADDRESS 453 MARK TWAIN BLVD.		4.3 STREET ADDRESS 453 MARK TWAIN BLVD	
CITY-ST-ZIP ORLANDO FL 32828		4.4 CITY-ST-ZIP ORLANDO FL 32828	
TITLE VP D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE VP D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AMBROSIO, MIKE		5.2 NAME L. HIGGINS	
STREET ADDRESS 453 MARK TWAIN BLVD.		5.3 STREET ADDRESS 453 MARK TWAIN BLVD	
CITY-ST-ZIP ORLANDO FL 32828		5.4 CITY-ST-ZIP ORLANDO FL 32828	
TITLE	<input type="checkbox"/> DELETE	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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE **2-16-99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/1/98)