


2004 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT

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04-22-2004 90065 043 ****61.25

DOCUMENT # N93000005104			
1. Entity Name WATERFORD LAKES TRACT N-25B NEIGHBORHOOD ASSOCIATION, INC.			
Principal Place of Business 1813 N. DEAN RD SUITE 103 ORLANDO, FL. 32817		Mailing Address 1813 N. DEAN RD SUITE 103 ORLANDO, FL 32817	
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 59-3216457		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
SHEELER, LAWRENCE M 1813 N. DEAN SUITE-103 ORLANDO, FL 32817		New Registered Agent Name: PENN FIRST MANAGEMENT INC Street: 498 PALM SPRINGS DRIVE #235 City: ALTAMONTE SPRINGS, FL 32701 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: James Boyle		Signature of Registered Agent required when re-registering: James W. Boyle	
Filing Fee is \$81.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD MURPHY, BETSY 618 RIOMAR AVE. ORLANDO, FL 32828 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD SANTOS, FERNANDO 13581 CRYSTAL RIVER ORLANDO, FL 32828 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GREENWOOD, TANIA 13716 CRYSTAL RIVER ORLANDO, FL 32828 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD HIGGINS, L 503 RIDMAR AVE. ORLANDO, FL 32828 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD PENDLY, LEA ANN 611 RIOMAR AVE. ORLANDO, FL 32828 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Anthony (Tony) Atkinson 13614 Crystal River Deland, FL 32828 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Anthony (Tony) Atkinson 13614 Crystal River Deland, FL 32828 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. 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 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: A.D. Atkinson		Date: Daytime Phone #:	

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04122004 Chg-NP CR2E037 (10/03)

66427557
Attachment
No. # 1500005704

	<u>Name</u>
President	Luci Higgins
Vice President	Fernando Santos
Sec/Treas	Tony Atkinson

Bradford Lakes Board of Directors

<u>Address</u>
503 Romar Ave. Orlando, FL 32828
13561 Crystal River Dr. Orlando, FL 32828
13614 Crystal River Dr. Orlando, FL 32828

** Architectural Review Committee Chairperson