

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90060 036 ****61.25

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DOCUMENT # N9300005104

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

DATE 12/1/00
 TRANS # 71400



2. Principal Place of Business
Boyle Management
 State, Apt. #, etc. 235

3. Mailing Address
498 Palm Springs DR
 Suite, Apt. #, etc. Same

02152005 Chg-NP CR2E037 (10/03)

City & State
Altamonte Springs FL

City & State
Same

Zip
32701

Country
USA

Zip
Same

Country
Same

4. FEI Number
59-3216457

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
PENN FIRST MANAGEMENT, INC
498 PALM SRPINGS DRIVE #235
ALTAMONTE SPRINGS, FL 32701

7. Name and Address of New Registered Agent

Name *Jim Boyle*

Street Address (E.O. Box Number is Not Acceptable)
SAME

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$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	VPD SANTOS, FERNANDO 13561 CRYSTAL RIVER ORLANDO, FL 32828	<input type="checkbox"/> Delete
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	TSD ATKINSON, ANTHONY 13614 CRYSTAL RIVER ORLANDO, FL 32828	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Higgins, Michael Same Address	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Melissa E Wilson 13587 Crystal River Dr. Orlando FL 32828	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Orville Parish 1020 Seascapes Ave Orlando FL 32828	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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: *Michael Higgins* *secretary* *3-25-05* *407381*
 _____ DATE: _____ DAYTIME PHONE: *2118*