


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2006 8:00 am
Secretary of State

06-23-2006 90008 031 ****61.25

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



Principal Place of Business
BOYLE MANAGEMENT
498 PALM SPRINGS DR STE 235
ALTAMONTE SPRINGS, FL 32701 US

Mailing Address
BOYLE MANAGEMENT
498 PALM SPRINGS DR STE 235
ALTAMONTE SPRINGS, FL 32701 US

40096770



2. Principal Place of Business
1801 Cook Avenue
 Suite, Apt. #, etc.

3. Mailing Address
1801 Cook Avenue
 Suite, Apt. #, etc.

04282006 Chg-NP CR2E037 (4/06)

City & State
Orlando Florida

City & State
Orlando Florida

Zip
32806

Country
Orange

Zip
32806

Country
Orange

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
BOYLE, JIM
498 PALM SPRINGS DRIVE #235
ALTAMONTE SPRINGS, FL 32701

7. Name and Address of New Registered Agent

Name
Steven D. Asher

Street Address (P.O. Box Number is Not Acceptable)
1801 Cook Avenue

City
Orlando

State
FL

Zip Code
32806

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 

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

Filing Fee is \$61.25 Due by May 1, 2006

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	P	<input type="checkbox"/> Delete
NAME	SANTOS, FERNANDO	
STREET ADDRESS	13561 CRYSTAL RIVER	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	S	<input type="checkbox"/> Delete
NAME	HIGGINS, MICHAEL	
STREET ADDRESS	503 RIDMAR AVE.	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	TRES	<input checked="" type="checkbox"/> Delete
NAME	WILSON, MELISSA E	
STREET ADDRESS	13587 CRYSTAL RIVER DR	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PARISH, ORVILLE	
STREET ADDRESS	626 SEASCAPE AVE	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tom Greenwood	
STREET ADDRESS	13716 Crystal River Dr	
CITY-ST-ZIP	Orl, FL 32828	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an other like empowered.

SIGNATURE: 

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