

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90898 016 \*\*\*\*61.25

DOCUMENT # **N93000005104**  
1. Entity Name  
**WATERFORD LAKES TRACT N-25B NEIGHBORHOOD ASSOCIA  
TION, INC.**



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

Mailing Address  
**453 MARK TWAIN BLVD.**  
**ORLANDO FL 32828**

2. Principal Place of Business  
**PENN FIRST  
MANAGEMENT, INC**  
**1813 N. DEAN RD SUITE 103**  
**ORLANDO FL 32817**

3. Mailing Address  
**PENN FIRST  
MANAGEMENT, INC**  
**1813 N. DEAN RD SUITE 103**  
**ORLANDO FL 32817**



CHECK HERE IF MAKING CHANGES

FEI Number **59-3216457** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

~~SHEELER, LAWRENCE M~~  
~~453 MARK TWAIN BLVD.~~  
~~ORLANDO FL 32828~~

**7. Name and Address of New Registered Agent**

Name **PENN FIRST**  
Street **MANAGEMENT, INC**  
**1813 N. DEAN RD SUITE 103**  
**ORLANDO FL 32817**  
City \_\_\_\_\_ 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 **LAWRENCE SHEELER PRESIDENT** 2/20/03  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>TD</del> <del>MURPHY, BETSY</del> <del>453 MARK TEKON BLD</del> <del>ORLANDO FL 32828</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D</del> <del>SANTOS, FERNANDO</del> <del>453 MARK TWAIN BLVD.</del> <del>ORLANDO FL 32828</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PD</del> <del>ATKINSON, T.</del> <del>453 MARK TWAIN BLVD.</del> <del>ORLANDO FL 32828</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VP D</del> <del>HIGGINS, L.</del> <del>453 MARK TWAIN BLVD.</del> <del>ORLANDO FL 32828</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SD</del> <del>PENDLY, LEA ANN</del> <del>453 MARK TEKES BLVD</del> <del>ORLANDO FL 32828</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>BETSY MURPHY</b> <b>618 RIDMAR AVE</b> <b>ORLANDO, FL 32828</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>FERNANDO SANTOS</b> <b>13561 CRYSTAL RIVER</b> <b>ORLANDO, FL 32828</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIR.</b> <b>Tania Greenwood</b> <b>13716 Crystal River</b> <b>Orlando FL 32828</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres. PD</b> <b>LUCI HIGGINS</b> <b>503 RIDMAR AVE.</b> <b>ORLANDO, FL 32828</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>LEANN PENDLY</b> <b>611 RIDMAR AVE</b> <b>ORLANDO, FL 32828</b>	<input checked="" 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: **2-24-03 40738, 2118**

CR2E037 (10/02)