

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90065 023 ****61.25

DOCUMENT # N94000002935

1. Entity Name

WATERFORD LAKES TRACT N-25A NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**453 MARK TWAIN BLVD
 ORLANDO FL 32828**

**453 MARK TWAIN BLVD
 ORLANDO FL 32828**

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

59-3255268

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PENN FIRST MANAGEMENT, INC.~~

~~453 MARK TWAIN BLVD
 ORLANDO FL 32828~~

Name

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

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.

SIGNATURE

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BLACKWELL, LEE	
STREET ADDRESS	534 SPRING ISLAND WAY	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SNOOK, BILL	
STREET ADDRESS	713 SPRING ISLAND WAY	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOLTZ, SHEILA	
STREET ADDRESS	701 CEDARWOOD COURT	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	SDV	<input type="checkbox"/> Delete
NAME	HARTMAN, STEVE	
STREET ADDRESS	756 SPRING ISLAND WAY	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GLESENER, DIER	
STREET ADDRESS	13750 CRYSTAL RIVER DRIVE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	METZGER, JIM	
STREET ADDRESS	621 SPRING ISLAND WAY	
CITY-ST-ZIP	ORLANDO FL 32828	

TITLE		<input 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	Jean Thomsin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	600 Divine Circle	
CITY-ST-ZIP	Orlando, FL 32828	
TITLE	Eleanor Symons	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	13756 Crystal River	
CITY-ST-ZIP	Orlando, FL 32828	
TITLE	Myron Davis	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	914 Spring Island Way	
CITY-ST-ZIP	Orlando, FL 32828	
TITLE	Larry Sheeler	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	523 Spring Island Way	
CITY-ST-ZIP	Orlando, FL 32828	

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:

Steve Metzger
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02

Date

Daytime Phone #

CR2E037 (9/01)