## **2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # N94000002935**

1. Entity Name
WATERFORD LAKES TRACT N-25A NEIGHBORHOOD



## **FILED** Feb 24, 2006 8:00 am **Secretary of State**

02-24-2006 90014 040 \*\*\*\*61.25

THE OBLIGATIONS  SIGNATURE  Filling Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  TITLE HORAZAK, DENNIS SIREET ADDRESS CITY-ST-ZP ORLANDO, FL 32828  TITLE NAME SIREET ADDRESS TITLE TITLE TITLE SIREET ADDRESS TITLE SIREET ADDRESS TITLE T	ASSOCIATION, INC.												
Suite, Apt. 4, etc.    Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   O1052006   Chg-NP   CR2E037 (11/05)	5401 S KIRKMAN RD 540 STE 450 STE			5401 S KIRKMAN RD STE 450				ILEN ABUT SONI BET		OIO IEIEE 1819) EI			
City & State  Country  Country  Country  Country  Country  Country  Country  S. Certification of Status Desired  S8.75 Additional Fee Phaguard  For Phaguard  For Phaguard  T. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  COMMUNITY MANAGEMENT PROFESSIONALS, INC. 5401 S KIRKMAN RD  Site 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 agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am fami	Principal Place of Business 3.		3. Mai	3. Mailing Address									
Sp-3255268	Suite, Apt. #, etc.		Suite, Apt. #, etc.				01052006 CI	ng-NP	CR2E0	37 (11/05)			
6. Name and Address of Current Registered Agent  COMMUNITY MANAGEMENT PROFESSIONALS, INC. 5401 S KIRKMAN RD  STE 450 ORLANDO, FL 32819  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, upper or preser name or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, upper or preser name or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, upper or preservation agent agent agent.  Filling Fee is \$61.25 Due by May 1, 2006  7. Septiment of State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent.  Filling Fe	City & State		City & State					4. FEI Number 59-325526	8		<b>⊢</b>		
Name   Street Audress (P.O. Box Number is Not Acceptable)	Zip	Country		ip Cou		intry		Fee Fee					
COMMUNITY MANAGEMENT PROFESSIONALS, INC.  \$401 S KIRKMAN RD  STE 450  ORLANDO, FL 32819  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  Filling Fee ts \$6.1.25  Due by May 1, 2006  9. Election Campaign Financing Added to Fee  Fording Department of State  10. OFFICERS AND DIRECTORS  TITLE  HORAZAK, DENNIS  SIRET ADDRESS  OTV-ST-ZIP  ORLANDO, FL 32828  TITLE  NAME  SIRET ADDRESS  ORLANDO, FL 32828  TITLE  TO RELANDO, FL		6. Name and Address of Current i	Registere					7. Name and Address of New Registered Agent					
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Tup Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Filing Fee is \$61.25  Due by May 1, 2006  9. Election Campaign Financing Address (P.O. Box Number is Not Acceptable)  Trust Fund Contribution  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II.  INTE. HORAZAK, DENNIS  TREET ADDRESS  ON'-ST-2P  ORLANDO, FL 32828  TO STREET ADDRESS  ON'-ST-2P  ORLANDO, FL 32828  TO	COMMUN	ITY MANAGEMENT PROCESS	IAMAI	SINC		Name							
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent.  SIGNATURE    Signatura, yoed or printed name of registered agent and tice if applicable.   (ACTE. Registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent.    SIGNATURE	5401 S KIRKMAN RD						ress (P.O. Box Number is Not Acceptable)						
B. 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 arm lamiliar with, and accept the obligations of registered agent.  SIGNATURE  Signature. types or printer name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when retristating)  DATE  FIIIng Fee is \$61.25  Due by May 1, 2006  9. Election Campaign Financing Trust Fund Contribution.  DEFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  TITLE HORAZAK, DENNIS SIRRET ADDRESS OTY-51-2P ORLANDO, FL 32828  OTY-51-2P OTY-51-2P OTY-51	ORLANDO	D, FL 32819											
THE OBLIGATIONS of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.						City				FL	Zip Cod	e	
Filling Fee is \$61.25 Due by May 1, 2006  Filling Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE HORAZAK, DENNIS STREET ADDRESS CITY-ST-2P ORLANDO, FL 32828  TITLE MAME STREET ADDRESS CITY-ST-2P  TITLE SD SNOOK, WILLIAM STREET ADDRESS CITY-ST-2P ORLANDO, FL 32828  TITLE TO DAVIS, MYRON DAVIS, MYRON STREET ADDRESS CITY-ST-2P ORLANDO, FL 32825  TITLE TO DAVIS, MYRON DAVIS, MYRON STREET ADDRESS CITY-ST-2P ORLANDO, FL 32825  TITLE TO DAVIS, MYRON STREET ADDRESS CITY-ST-2P ORLANDO, FL 32825  TITLE TO DAVIS, MYRON STREET ADDRESS CITY-ST-2P ORLANDO, FL 32825  TITLE TITLE TO DAVIS, MYRON STREET ADDRESS CITY-ST-2P ORLANDO, FL 32825  TITLE TO DAVIS, MYRON STREET ADDRESS CITY-ST-2P ORLANDO, FL 32825  TITLE TITLE TO DAVIS, MYRON STREET ADDRESS CITY-ST-2P ORLANDO, FL 32825  TITLE TITLE TO DAVIS, MYRON STREET ADDRESS CITY-ST-2P ORLANDO, FL 32825  TITLE TITLE TO DAVIS, MYRON STREET ADDRESS CITY-ST-2P ORLANDO, FL 32825  TITLE TITLE TO DAVIS, MYRON STREET ADDRESS CITY-ST-2P ORLANDO, FL 32828  TITLE TITLE TITLE TO DAVIS, MYRON STREET ADDRESS CITY-ST-2P ORLANDO, FL 32828  TITLE TITLE TITLE TO DAVIS, MYRON STREET ADDRESS CITY-ST-2P ORLANDO, FL 32828  TITLE TITLE TITLE TO DAVIS, MYRON STREET ADDRESS CITY-ST-2P ORLANDO, FL 32828  TITLE TITLE TITLE TO DAVIS, MYRON STREET ADDRESS CITY-ST-2P ORLANDO, FL 32828  TITLE TITLE TITLE TITLE TO DAVIS, MYRON STREET ADDRESS CITY-ST-2P ORLANDO, FL 32828  TITLE TITLE TITLE TITLE TO DAVIS, MYRON STREET ADDRESS CITY-ST-2P ORLANDO, FL 32828  TITLE TITLE TITLE TO DAVIS TREET ADDRESS CITY-ST-2P ORLANDO, FL 32828  TITLE TITLE TITLE TO DAVIS TREET ADDRESS CITY-ST-2P ORLANDO, FL 32828  TITLE TITLE TITLE TO DAVIS TREET ADDRESS TITLE TITLE TO DAVIS TREET ADDRESS TITLE TO THE TITLE TO THE THE TO THE THE TO THE THE THE TO THE THE THE THE THE TO THE	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.												
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NAME STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32825  TITLE NAME STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32828  DAVIS, MYRON 914 SPRING ISLAND WAY ORLANDO, FL 32825  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	SNOOK, WILLIAM 713 SPRING ISLAND WAY		<b>Delete</b> Delete	NAME STRE	ET AODRESS	1K	RANZ, MI Y SPRING	CHAEL ISLANA L 328	WAY 128	☐ Change	Addition	
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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 attackment with an address, with all other like empowered.

Jenin and Typed OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 407.736.5/31 SIGNATURE: Daytime Phone #