


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5/6/

FILED
Jun 07, 2004 8:00 am
Secretary of State

05-06-2004 90167 004 ****61.25

DOCUMENT # N96000003800 1. Entity Name WATERFORD LAKES TRACT N-19 NEIGHBORHOOD ASSOCIATION, INC.			
Principal Place of Business PENN FIRST MANAGEMENT INC 1813 N. DEAN RD. ORLANDO, FL 32817		Mailing Address PENN FIRST MANAGEMENT INC 1813 N. DEAN RD. ORLANDO, FL 32817	
2. Principal Place of Business 498 PALM SPRINGS BLVD Suite, Apt. #, etc. SUITE 235 City & State ALTAMONTE SPRINGS, FL Zip 32701 Country USA		3. Mailing Address 498 PALM SPRINGS DR #235 Suite, Apt. #, etc. City & State ALTAMONTE SPRINGS, FL Zip 32701 Country USA	
4. FEI Number 59-3412398		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04122004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent PENN FIRST MANAGEMENT INC 4813 N. DEAN ORLANDO, FL 32817		7. Name and Address of New Registered Agent PENN-FIRST-MANAGEMENT, INC. 498 PALM SPRINGS DRIVE #235 ALTAMONTE SPRINGS, FL 32701 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: <u>JAMES W. BOYLE, PRESIDENT</u> DATE: <u>5/31/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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: VPD NAME: ORTEGA, CONRAD STREET ADDRESS: 14541 LAKE UNDERHILL RD. CITY-ST-ZIP: ORLANDO, FL 32828 <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: TD NAME: LECHTNER, CAROL STREET ADDRESS: 14231 LAKE UNDERHILL RD. CITY-ST-ZIP: ORLANDO, FL 32828 <input checked="" type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: SD NAME: FRIEDBERG, DAVID STREET ADDRESS: 14422 LAKE UNDERHILL RD CITY-ST-ZIP: ORLANDO, FL 32828 <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: PD NAME: ALVAREZ, JOE STREET ADDRESS: 848 JADESTONE CIR CITY-ST-ZIP: ORLANDO, FL 32828 <input checked="" type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D NAME: ALI, NARIMA STREET ADDRESS: 921 JADESTONE CIR CITY-ST-ZIP: ORLANDO, FL 32828 <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
I certify that the information furnished on this form is true and accurate and that I am an officer or director of the corporation named herein and that I am duly empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if applicable, with all other like empowered.			
SIGNATURE: <u>James W. Boyle</u>		Date: <u>30 JUN 04</u> 407-784-3766	