


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		3. Mailing Address 498 PALM SPRINGS DR #235 Suite, Apt. #, etc. City & State ALTAMONTE SPRINGS, FL Zip 32701	
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	
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 NAME STREET ADDRESS CITY-ST-ZIP	VPD ORTEGA, CONRAD 14541 LAKE UNDERHILL RD. ORLANDO, FL 32828	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LECHTNER, CAROL 14231 LAKE UNDERHILL RD. ORLANDO, FL 32828	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRIEDBERG, DAVID 14422 LAKE UNDERHILL RD ORLANDO, FL 32828	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, JOE 848 JADESTONE CIR ORLANDO, FL 32828	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALI, NARIMA 921 JADESTONE CIR ORLANDO, FL 32828	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Faded text] [Faded text] [Faded text] [Faded text]	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
I certify that the information reported 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 justly 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>[Signature]</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <u>James W. Boyle</u>	
		Date: <u>5/31/04</u>	
		Daytime Phone #: <u>407-384-3766</u>	