

Jade Forest

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 28, 2005 8:00 am Secretary of State

02-28-2005 90230 017 \*\*\*\*61.25

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DOCUMENT # N96000003800					
1. Entity Name WATERFORD LAKES TRACT N-19 NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business PENN FIRST MANAGEMENT INC 498 PALM SPRINGS BLVD., SUITE 235 ALTAMONTE SPRINGS, FL 32701 US			Mailing Address PENN FIRST MANAGEMENT INC 498 PALM SPRINGS BLVD., SUITE 235 ALTAMONTE SPRINGS, FL 32701 US		
2. Principal Place of Business Boyle Management Services, Inc. Suite, Apt. #, etc.		3. Mailing Address Boyle Management Services, Inc. Suite, Apt. #, etc.		02032005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-3412398 Applied For Not Applicable	
Zip	Country	Zip	Country	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 498 PALM SPRINGS DRIVE SUITE 235 ALTAMONTE SPRINGS, FL 32701			7. Name and Address of New Registered Agent Name Boyle Management Services Street Address (P.O. Box Number is Not Acceptable) Same 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 James W. Boyle Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		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	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTEGA, CONRAD		NAME		
STREET ADDRESS	14541 LAKE UNDERHILL RD.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRIEDBERG, DAVID		NAME	Peter Parenti	
STREET ADDRESS	14422 LAKE UNDERHILL RD		STREET ADDRESS	927 Jade Stone Circle	
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP	Orlando FL 32828	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALI, NARIMA		NAME	YING ZHANG	
STREET ADDRESS	921 JADESTONE CIR		STREET ADDRESS	812 JADE FOREST	
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP	Orlando FL 32828	
TITLE		<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	PAT HOFFMAN	
STREET ADDRESS			STREET ADDRESS	863 JADE FOREST	
CITY-ST-ZIP			CITY-ST-ZIP	Orlando FL 32828	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	OMAR CASTRO	
STREET ADDRESS			STREET ADDRESS	819 JADE FOREST	
CITY-ST-ZIP			CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: Patricia Hoffman PATRICIA HOFFMAN 2/24/05 407-282-1005 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					