
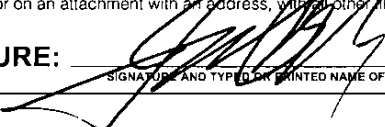


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90047 023 ****61.25

DOCUMENT # N96000003800					
1. Entity Name WATERFORD LAKES TRACT N-19 NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business BOYLE MGMT SERVICE, INC 498 PALM SPRINGS BLVD., SUITE 235 ALTAMONTE SPRINGS, FL 32701 US		Mailing Address BOYLE MGMT SERVICE, INC 498 PALM SPRINGS BLVD., SUITE 235 ALTAMONTE SPRINGS, FL 32701 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3412398	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
				01042007 Chg-NP CR2E037 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BOYLE MGMT SERVICES, INC 498 PALM SPRINGS DRIVE SUITE 235 ALTAMONTE SPRINGS, FL 32701			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ 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, 2007		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 '07		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDBOWER, RON		NAME		
STREET ADDRESS	14300 LK UNDERHILL		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARENTI, PETER		NAME	WASKO, MARC	
STREET ADDRESS	927 JADE STONE CIR		STREET ADDRESS	908 JADESTONE CIR	
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZHANG, YING		NAME		
STREET ADDRESS	812 JADE FOREST		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, PAT		NAME		
STREET ADDRESS	863 JADE FOREST		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOTT, JUDITH		NAME	COWDERY, SEAN	
STREET ADDRESS	909 JADE FOREST AVE		STREET ADDRESS	14540 LAKE UNDERHILL	
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP	ORLANDO FL 32828	
TITLE		<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Frederico, Marcy	
STREET ADDRESS			STREET ADDRESS	14237 Lake Underhill Rd.	
CITY-ST-ZIP			CITY-ST-ZIP	Orlando, FL 32828	
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 attachment with an address, with other like empowered.					
SIGNATURE: 			PA 2/17/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		