


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90160 041 ****61.25

DOCUMENT # **N96000003800**

1. Entity Name
WATERFORD LAKES TRACT N-19 NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
**453 MARK TWAIN BLVD
ORLANDO FL 32828**

Mailing Address
**453 MARK TWAIN BLVD
ORLANDO FL 32828**

2. Principal Place of Business
**PENN FIRST
MANAGEMENT INC
1813 N. DEAN RD
ORLANDO FL 32817**

3. Mailing Address
**PENN FIRST
MANAGEMENT INC
1813 N. DEAN RD
ORLANDO FL 32817**



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3412398** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**PENN FIRST MANAGEMENT INC
453 MARK TWAIN BLVD
ORLANDO FL 32828**

7. Name and Address of New Registered Agent
**PENN FIRST
MANAGEMENT INC
1813 N. DEAN RD
ORLANDO FL 32817**

L 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 *Lawrence M. Sheeler* **Lawrence M. Sheeler President** **2/26/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	PD ORTEGA, CONRAD	<input type="checkbox"/> Delete
STREET ADDRESS	453 MARK TWAIN BLVD	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE NAME	D JABLOWSKI, COBURN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	453 MARK TWAIN BLVD	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE NAME	SD FRIEDBERG, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	453 MARK TWAIN BLVD	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE NAME	PD ALVAREZ, JOE	<input type="checkbox"/> Delete
STREET ADDRESS	453 MARK TWAIN BLVD	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	VPD CONRAD ORTEGA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	14541 LAKE UNDERHILL RD	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE NAME	TD Carol Lechtner	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	14231 Lake Underhill Rd.	
CITY-ST-ZIP	Orlando FL 32828	
TITLE NAME	SD DAVID FRIEDBERG	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	14422 LAKE UNDERHILL RD	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE NAME	PD JOE ALVAREZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	848 JADESTONE CIR	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE NAME	D NARIMA ALI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	921 JADESTONE CIR	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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: *Joseph M. Alvarez* **JOSEPH M. ALVAREZ President** **2/21/03 407-908-8447**

CR2E037 (10/02)