

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N97000002981 (5)
 1. Corporation Name
WATERFORD LAKES TRACT N-23B NEIGHBORHOOD ASSOCIATION, INC.



| | |
|---|---|
| Principal Place of Business 12553 LAKE UNDERHILL DRIVE ORLANDO FL 32828 | Mailing Address 12553 LAKE UNDERHILL DRIVE ORLANDO FL 32828 |
|---|---|

3. Date Incorporated or Qualified
05/21/1997

4. FEI Number
59-347161

| | |
|-------------|----------------|
| Applied For | Not Applicable |
|-------------|----------------|

| | |
|--|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. | 2a. Mailing Address 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 | 29 30 |

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**SMITH, RALPH E SR.
 12553 LAKE UNDERHILL DRIVE
 ORLANDO FL 32828**

10. Name and Address of New Registered Agent
 81 Name **PENN FIRST MANAGEMENT, INC.**
 82 Street Address (P.O. Box Number Is Not Acceptable)
453 MARK TWAIN BLVD
 83
 84 City **ORLANDO** FL 85 Zip Code **32828**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **4-8-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | SMITH, RALPH E SR. |
| STREET ADDRESS | 12553 LAKE UNDERHILL DRIVE |
| CITY-ST-ZIP | ORLANDO FL 32828 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | SMITH, BARBARA |
| STREET ADDRESS | 12553 LAKE UNDERHILL DRIVE |
| CITY-ST-ZIP | ORLANDO FL 32828 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | VELASQUEZ, NETTE |
| STREET ADDRESS | 12553 LAKE UNDERHILL DRIVE |
| CITY-ST-ZIP | ORLANDO FL 32828 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **4.8.98**
SIGNATURE AND TYPED OR PRINTED NAME OF NONPROFIT OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)