

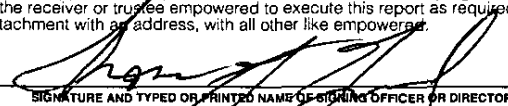


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 13, 2004 8:00 am**  
**Secretary of State**

05-13-2004 90009 018 \*\*\*\*61.25

|   |                       |  |  |  |  |
|---|-----------------------|--|--|--|--|
| <b>DOCUMENT # N97000002981</b>  |                       |  |  |                   |  |
| <b>1. Entity Name</b><br>WATERFORD LAKES TRACT N-23B NEIGHBORHOOD ASSOCIATION, INC.   |                       |  |  |  |  |
| <b>Principal Place of Business</b><br>PENN FIRST MANAGEMENT INC<br>1813 N. DEAN RD.<br>ORLANDO, FL 32817  |                       | <b>Mailing Address</b><br>PENN FIRST MANAGEMENT INC<br>1813 N. DEAN RD.<br>ORLANDO, FL 32817 |  | 34054033<br><br> |  |
| <b>2. Principal Place of Business</b>   |                       | <b>3. Mailing Address</b>  |  |  |  |
| Suite, Apt. #, etc.   |                       | Suite, Apt. #, etc.  |  |  |  |
| City & State  |                       | City & State   |  | 04122004 Chg-NP CR2E037 (10/03)  |  |
| Zip   | Country               | Zip  | Country  | <b>4. FEI Number</b><br>59-3475161   |  |
|   |                       |  |  | Applied For<br>Not Applicable  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |                       |  |  | <b>\$8.75 Additional Fee Required</b>  |  |
| <b>6. Name and Address of Current Registered Agent</b>  |                       |  | <b>7. Name and Address of New Registered Agent</b>                                       |  |  |
| PENN FIRST MANAGEMENT INC<br>1813 N. DEAN RD.<br>ORLANDO, FL 32817  |                       |  | PENN FIRST MANAGEMENT INC.<br>498 PALM SPRINGS DRIVE #235<br>ALTAMONTE SPRINGS, FL 32701 |  |  |
|   |                       |  | N<br>S<br>C  |  |  |
|   |                       |  | Zip Code   |  |  |
| <b>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; familiar with, and accept the obligations of registered agent.</b>   |                       |  |  |  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |                       |  |  |  |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2004</b>   |                       | <b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>      |  | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to Florida Department of State</b>  |                       |  |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |                       |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                             |  |  |
| TITLE   | PD                    | <input checked="" type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |  |
| NAME  | ALEXANDER, TERRI      |  | NAME   |  |  |
| STREET ADDRESS  | 13657 SUNSHOWERS CIR. |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   | ORLANDO, FL 32828     |  | CITY-ST-ZIP  |  |  |
| TITLE   | D                     | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |  |
| NAME  | MORRELL, FRANK        |  | NAME   |  |  |
| STREET ADDRESS  | 13561 LAKERS CT.      |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   | ORLANDO, FL 32828     |  | CITY-ST-ZIP  |  |  |
| TITLE   | VD                    | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |  |
| NAME  | SPITERI, ROBERT       |  | NAME   |  |  |
| STREET ADDRESS  | 13731 SUNSHOWERS CIR. |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   | ORLANDO, FL 32828     |  | CITY-ST-ZIP  |  |  |
| TITLE   | VD                    | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |  |
| NAME  | RIVERA, NANCY         |  | NAME   |  |  |
| STREET ADDRESS  | 13632 SUNSHOWERS CIR. |  | 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  | GUIMOND, THOMAS       |  | NAME   |  |  |
| STREET ADDRESS  | 13719 SUNSHOWERS CIR. |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   | ORLANDO, FL 32828     |  | CITY-ST-ZIP  |  |  |
| TITLE   | D                     | <input checked="" type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |  |
| NAME  | PLAUGHER, JULIE       |  | NAME   |  |  |
| STREET ADDRESS  | 13811 SUNSHOWERS CIR. |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   | ORLANDO, FL 32828     |  | CITY-ST-ZIP  |  |  |
| <b>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 empowerments.</b> |                       |  |  |  |  |
| <b>SIGNATURE:</b>    |                       | Date: 5/10/04  |  | Daytime Phone #  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br>THOMAS G. GUIMOND   |                       |  |  |  |  |

Carrington Lakes Board of Directors

|                 | <u>Name</u>     | <u>Address</u>                      |
|-----------------|-----------------|-------------------------------------|
| President       | Robert Spiteri  | 13731 Sunshowers Orlando, Fl. 32828 |
| Vice President* | Michael Perkins | 13644 Sunshowers Orlando, Fl. 32828 |
| Secretary       | Nancy Rivera    | 13632 Sunshowers Orlando, Fl. 32828 |
| Treasurer       | Thomas Guimond  | 13719 Sunshowers Orlando, Fl. 32828 |
| Member *        | Frank Morrell   | 13561 Lakers Ct. Orlando, Fl. 32828 |

Meetings  
Annual Board 2nd Monday (May)  
2nd Monday 6:30pm

\* Architectural Review Committee Member

Attachment NY7 00002981  
18600000 18600000  
54054033