
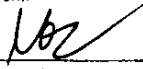



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90037 019 ****61.25

DOCUMENT # N97000002981							
1. Entity Name WATERFORD LAKES TRACT N-23B NEIGHBORHOOD ASSOCIATION, INC.							
Principal Place of Business 1801 COOK AVENUE ORLANDO, FL 32806		Mailing Address 1801 COOK AVENUE ORLANDO, FL 32806					
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 59-3475161	Applied For Not Applicable		
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
ASHER, STEVEN D 1801 COOK AVEUE ORLANDO, FL 32806			7. Name and Address of New Registered Agent				
			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:  DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2008		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	P	<input type="checkbox"/> Delete	TITLE	KPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BOYCE, MATHEW		NAME	Michael Perkins			
STREET ADDRESS	13757 SUNSHOWERS CIRCLE		STREET ADDRESS	13644 Sunshowers Circle			
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP	Orlando FL 32828			
TITLE	TD	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GUIMOND, THOMAS		NAME	Julie Plaugher			
STREET ADDRESS	13719 SUNSHOWERS CIR.		STREET ADDRESS	13811 Sunshowers Circle			
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP	Orlando FL 32828			
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GIRATA, JORGE		NAME	Terri South			
STREET ADDRESS	13543 LAKERS COURT		STREET ADDRESS	13657 sunshowers Circle			
CITY-ST-ZIP	ORLANDO, FL 32828		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				
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				
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 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 all other like empowered.							
SIGNATURE: 			Date: 4/10/08		Daytime Phone #: 407-207-9006		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>		