## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 18, 2008 8:00 am Secretary of State 04-18-2008 90037 019 \*\*\*\*61.25

Pincopal Pince of Business	DOCUMEN I # N9/00002981  1. Entity Name WATERFORD LAKES TRACT N-23B NEIGHBORHOOD ASSOCIATION, INC.							4-16-2006	J0037 01J	01	1.23
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite   S	1801 COOK /	s	1801 COOK AVENU	1 COOK AVENUE							
City & State  City & FL Zip Code  Streat Address of New Registered Agent  Name  Streat Address (P.O. Box Number is Not Acceptable)  City & FL Zip Code  Streat Address (P.O. Box Number is Not Acceptable)  City & FL Zip Code  City & FL Zip Code  Streat Address (P.O. Box Number is Not Acceptable)  City & FL Zip Code  City & F	2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address							
Section Company   Zip   Country   S. Certificate of Satura Desired   S. Certificate   S	Suite, Apt. #, etc.			Suite, Apt. #, etc.			03112008 C	hg-NP	CR2E037 (1	2/06)	
S. Certificate of Status Descred   Fee Required   S. Certificate of Status Descred   Fee Required   Street Address of Current Registered Agent   Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	City & State			City & State				<del></del>		-	
ASHER, STEVEN D 1801 COOK AVEUE ORLANDO, FL 32806  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   State   Sta	Zip Country		Zip	Zip Co.		5 Certificate of Status Desired S8.75 Additional					
ASHER, STEVEN D 1801 COOK AVEUE  ORLANDO, FL 32806  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.  FILING Foe its \$61.25  Due by May 1, 2008  9. Election Campaign Financing Trust Fund Contribution.   \$5,00 may ga Added to Fees  Fliling Foe its \$61.25  Due by May 1, 2008  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TILE  MAKE  BOYCE, MATHEW  BOYCE, MATHEW  STRET ADDRESS  1375 SUNSHOWERS CIRCLE  ORLANDO, FL 32828  ORLANDO, FL 32828  ORLANDO, FL 32828  TILE  MAKE  SIRET ADDRESS  GITY-ST-2P  ORLANDO, FL 32828  ORLANDO, F	- 6. Name and Address of Current Registered Agent						7. Name and Ado	iress of New F	Registered Agen	t	
SIGNATURE    Signature   State	ASHER S	TEVEN D				Name					
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signuture, food or protect name of registered agent and life if accidable.   (NOTE Registered Agent squalure measured when mentating)   DATE	1801 COO	K AVEUE			Street Address			Not Acceptable	e)		
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signuture, food or protect name of registered agent and life if accidable.   (NOTE Registered Agent squalure measured when mentating)   DATE						City				7in Code	e :
THE ODERS OF ACTIONS OF PROBLEMS agent and other 4 acokcabe.    SIGNATURE						1			r L		
SIGNATURE    Signature   Signature typerd or printed name of reputated agent and title if accideable.   (NOTE: Registered Agent signature required when mentating)   DAYE				r the purpose of changing	its register	red office or regi	istered agent, or both, in	the State of Fl	orida. I am famili	iar with, a	and accept
Signature, typend or primate name of regulated agent and late if applicable.   NATE. Registered Agent signature required when mentatory)   DATE			141	•							
FILING Fee is \$81.25 Due by May 1, 2008  Trust Fund Contribution.  Deficers and DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME BOYCE, MATHEW 13757 SUNSHOWERS CIRCLE ORLANDO, FL 32828  CITY-ST-2P  TITLE ORLANDO, FL 32828  TITLE NAME STREET ADDRESS GITY-ST-2P  TITLE ORLANDO, FL 32828  TITLE ORLANDO, FL 32828  TITLE NAME STREET ADDRESS GITY-ST-2P  TITLE NAME STREET ADDRESS	SIGNATURE .		MU								
Due by May 1, 2008   Trust Fund Contribution.   Added to Fees   Fiorida Department of State	i	Signature, typed	for printed name of registered agent a	and title if applicable. (	NOTE: Register	ed Agent signature rec	outred when receptation)		DATE		
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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	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P BOYCE, I 13757 SL ORLAND TD GUIMONI 13719 SL ORLAND VD GIRATA, 13543 LA	OFFICERS AND DIF	Trust Fur  Delete  Delete  Delete  Delete	I 11. ITITL NAM STR CIT TITL NAM STR	E. A. E. EET ADDRESS Y-ST-ZIP  LE ME	\$5.00 May Be Added to Fees  ADDITIONS/CHANG PICHAEL PE SULY SUNS Flando F WILL Plan OSII SUNS OCLANDO EFC. SOUT	Floor FL 37 Showe FL 37	rs Circle	ORS IN Change Change Change Change Change	10  X Addition  X Addition  Addition

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.

4/0108 SIGNATURE AND TORED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR