

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90044 050 ****61.25

DOCUMENT # N98000002433

1. Entity Name

WATERFORD LAKES PARCEL 9 PROPERTY OWNERS ASSOCIA

f

Principal Place of Business

Mailing Address

14237 LAKE UNDERHILL ROAD
 ORLANDO FL 32828

14237 LAKE UNDERHILL ROAD
 ORLANDO FL 32828

2. Principal Place of Business

3. Mailing Address

453 Mark Twain Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

4. FEI Number

59-3455671

Applied For

Not Applicable

Zip

Country

Zip

Country

32828

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, RALPH
 14237 LAKE UNDERHILL ROAD
 ORLANDO FL 32828

Name *Lawrence M. Sheeler*

Street Address (P.O. Box Number is Not Acceptable)

*610 Penn First Management
 453 Mark Twain Blvd.*

City *Orlando*

FL

Zip Code **32828**

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.

SIGNATURE

[Signature]

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

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SMITH, RALPH | |
| STREET ADDRESS | 14237 LAKE UNDERHILL ROAD | |
| CITY-ST-ZIP | ORLANDO FL 32828 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | JACOBSON, RUSSELL | |
| STREET ADDRESS | 11 CHURCH STREET SUITE 200 | |
| CITY-ST-ZIP | TORONTO ONTARIO CANADA | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | VELASQUEZ, IVETTE | |
| STREET ADDRESS | 14237 LAKE UNDERHILL ROAD | |
| 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 | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <i>Lawrence M. Sheeler</i> | |
| STREET ADDRESS | <i>453 Mark Twain Blvd</i> | |
| CITY-ST-ZIP | <i>Orlando, FL 32828</i> | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <i>Karen Gilmore</i> | |
| STREET ADDRESS | <i>6355 METRO WEST BLVD, SUITE 330</i> | |
| CITY-ST-ZIP | <i>Orlando, FL 32835</i> | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <i>James Bowes</i> | |
| STREET ADDRESS | <i>919 North Michigan Ave, Suite 550</i> | |
| CITY-ST-ZIP | <i>Chicago, Illinois 60611</i> | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| 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 address with an address, with all other like empowered.

SIGNATURE

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/00

Date

407-282-9988

Daytime Phone #

CR2E037 (5/00)