

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

0027897

DOCUMENT # N98000002433

1. Entity Name

WATERFORD LAKES PARCEL 9 PROPERTY OWNERS ASSOCIA

05-02-2001 90222 027 ****61.25

Principal Place of Business

14237 LAKE UNDERHILL ROAD
 ORLANDO FL 32828

Mailing Address

453 MARK TWAIN BLVD
 ORLANDO FL 32828

80044303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

453 Mark Twain Blvd

3. Mailing Address

46 Penn First Management, Inc

Suite, Apt. #, etc.

Suite, Apt. #, etc.

453 Mark Twain Blvd

City & State
 Orlando, FL

City & State
 Orlando, FL

4. FEI Number 59-3455671

Applied For
 Not Applicable

Zip 32828

Country USA

Zip 32828

Country USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEELER, LAWRENCE M
 C/O PENN FIRST MANAGEMENT
 453 MARK TWAIN BLVD
 ORLANDO FL 32828

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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/01

FILE NOW:
 FEE IS \$61.25

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

TITLE NAME	Sheeler, Lawrence M.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	453 Mark Twain Blvd	
CITY-ST-ZIP	Orlando, FL 32828	
TITLE NAME	Gilmore, Karen	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	453 Mark Twain Blvd	
CITY-ST-ZIP	Orlando, FL 32828	
TITLE NAME	Bowes, James	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	453 Mark Twain Blvd	
CITY-ST-ZIP	Orlando, FL 32828	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 attachment with an address, with all other like empowered.

SIGNATURE: Lawrence M. Sheeler 4/27/01 707-282-9988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)