


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90423 034 ****61.25

DOCUMENT # N98000002433

1. Entity Name
WATERFORD LAKES PARCEL 9 PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**PENN FIRST MGT. INC.
 1813 N. DEAN RD. SUITE 103
 ORLANDO, FL 32817**

Mailing Address
**PENN FIRST MGT. INC.
 1813 N. DEAN RD. SUITE 103
 ORLANDO, FL 32817**

TRANS # 11400



2. Principal Place of Business
Penn First/Boyle Management Inc

3. Mailing Address
498 Palm Springs Drive

Suite, Apt. #, etc.
498 Palm Springs Drive

Suite, Apt. #, etc.
Suite 235

03232004 Chg-NP CR2E037 (10/03)

City & State
Altamonte Springs, FL

City & State
Altamonte Springs, FL

4. FEI Number
59-3455671

Applied For
 Not Applicable

Zip
32701

Country
U.S.

Zip
32701

Country
U.S.

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

6. Name and Address of Current Registered Agent
**SHEELER, LAWRENCE M
 C/O PENN FIRST MANAGEMENT
 1813 N. DEAN RD. SUITE 103
 ORLANDO, FL 32817**

7. Name and Address of New Registered Agent

Name
James Boyle

Street Address (P.O. Box Number is Not Acceptable)
498 Palm Springs Drive Suite 235

City
Altamonte Springs

State
FL

Zip Code
32701

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 *James Boyle* DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is **\$61.25** Due by **May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEELER, LAWRENCE M 1813 N. DEAN RD., #103 ORLANDO, FL 32817 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GILMORE, KAREN 1813 N. DEAN RD. 103 ORLANDO, FL 32817 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOURES, JAMES 1813 N. DEAN RD, 103 ORLANDO, FL 32817 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James Boyle* Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR