

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N41484** (9)

1. Corporation Name

**WATERFORD LAKES TRACT N-8 NEIGHBORHOOD ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

52 E SOUTH STR  
ORLANDO FL 32801  
US

52 E SOUTH STR  
ORLANDO FL 32801  
US



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/31/1990

3a. Date of Last Report

04/26/1995

4. FEI Number

59-3053821

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**DON ASHER & ASSOCIATES INC**  
52 E SOUTH STR  
ORLANDO FL 32801

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	WRIGHT, DENNIS	128822 FORESTEDGE CIRCLE	ORLANDO FL	<input type="checkbox"/>
VD	CONDREY, DEVIN	12830 FORESTEDGE CIRCLE	ORLANDO FL	<input type="checkbox"/>
TD	KOACH, JOHN	801 BLOOMINGDALE DRIVE	ORLANDO FL	<input type="checkbox"/>
SD	PROUT, OTTILIE	12719 FORESTEDGE CIRCLE	ORLANDO FL	<input type="checkbox"/>
D	FREZEN, JACK	851 LAURELCREST DRIVE	ORLANDO FL	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
VD	Perry, Nan	12720 Forestedge Circle	Orlando, FL 32828	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	Sciarabba, Pete	12771 Forestedge Circle	Orlando, FL 32828	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)