

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 09 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N93000002938 (9)**  
 1. Corporation Name  
**WATERFORD LAKES TRACT N-32 NEIGHBORHOOD ASSOCIATION, INC.**

Principal Place of Business <b>DON ASHER &amp; ASSOC. ORLANDO FL 32801</b>	Mailing Address <b>52 E. SOUTH ST. ORLANDO FL 32801</b>
---	--

3. Date Incorporated or Qualified <b>06/30/1993</b>	Applied For
4. FEI Number <b>59-3203279</b>	Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**DON ASHER & ASSOCIATES, INC.  
 52 E. SOUTH STREET  
 ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD	1.1 TITLE	PD
NAME	BUTLER, MATTHEW D	1.2 NAME	Butler, Matthew
STREET ADDRESS	13551 EMERALDVIEW DR.	1.3 STREET ADDRESS	13551 Emeraldview Dr
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL 32828
TITLE	SD	2.1 TITLE	SD
NAME	ANDEREAEN, DAVID S	2.2 NAME	Andreason, David
STREET ADDRESS	13577 FORDWELL DRIVE	2.3 STREET ADDRESS	13577 Fordwell Dr.
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32828
TITLE	TD	3.1 TITLE	TD
NAME	MERCHANT, SAM	3.2 NAME	Merchant, Sam
STREET ADDRESS	13527 EMERALDVIEW DRIVE	3.3 STREET ADDRESS	13527 Emeraldview Dr
CITY-ST-ZIP	ORLANDO FL 32828	3.4 CITY-ST-ZIP	Orlando, FL 32828
TITLE		4.1 TITLE	
NAME		4.2 NAME	D
STREET ADDRESS		4.3 STREET ADDRESS	Dixon, Nancy
CITY-ST-ZIP		4.4 CITY-ST-ZIP	13530 Fordwell Drive
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD	1.1 TITLE	PD
NAME	BUTLER, MATTHEW D	1.2 NAME	Butler, Matthew
STREET ADDRESS	13551 EMERALDVIEW DR.	1.3 STREET ADDRESS	13551 Emeraldview Dr
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL 32828
TITLE	SD	2.1 TITLE	SD
NAME	ANDEREAEN, DAVID S	2.2 NAME	Andreason, David
STREET ADDRESS	13577 FORDWELL DRIVE	2.3 STREET ADDRESS	13577 Fordwell Dr.
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32828
TITLE	TD	3.1 TITLE	TD
NAME	MERCHANT, SAM	3.2 NAME	Merchant, Sam
STREET ADDRESS	13527 EMERALDVIEW DRIVE	3.3 STREET ADDRESS	13527 Emeraldview Dr
CITY-ST-ZIP	ORLANDO FL 32828	3.4 CITY-ST-ZIP	Orlando, FL 32828
TITLE		4.1 TITLE	
NAME		4.2 NAME	D
STREET ADDRESS		4.3 STREET ADDRESS	Dixon, Nancy
CITY-ST-ZIP		4.4 CITY-ST-ZIP	13530 Fordwell Drive
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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]* **SAM Merchant** 4/3/98 (407) 425-4561

CP2E037 (10/97)