## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N41484**

1. Corporation Name

WATERFORD LAKES TRACT N-8 NEIGHBORHOOD ASSOCIATI ON, INC.

Principal Place of Busine
52 E SOUTH STR
ORLANDO FL 32801

Mailing Address

52 E SOUTH STR ORLANDO FL 32801

## Apr 20, 1999 8:00 am Secretary of State

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บร		us			t 1881)(8) Gil Biggi (181) Giggi telli	2(2) 0.00		• • • •
2. Principal P	lace of Business	2a. Mailing Address	•		3. Date Incorporated or Qualifed	<u> </u>		
21	والغامين	26			12/31/1990	<u> </u>	<u></u>	<u> </u>
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		-   - · · ·	olied For
22	•	27			59-3053821			Applicable
City & Stat	te ·	City & State			5. Certifcate of Status Desired		<b>\$8.75</b> A Fee Red	
Zip	Country 25	Zip 29 30	Country	/	Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
24	9. Name and Address of Current	1201	<u>'\</u>		10. Name and Address of New F	Registered .	Agent	
	o. Name and Address of Content	( leading to a significant	81	Name				
DON ASH	ER & ASSOCIATES INC		82	Street Add	ress (P.O. Box Number is Not Accepte	able)		<u> </u>
52 E SOU				<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
	) FL 32801		83	4			,	•
J		•	84	City		FL	85 Zíp C	ode
44 5	to the provisions of Sections 617.0502	and 617 1508 Florida Statutes	the abov	e-named com	poration submits this statement for the	numase of	changing its	registered
office or r	to the provisions of Sections 617.0502 registered agent, or both, in the State of am familiar with, and accept the obligati	of Florida. Such change was auth	onzea ov	the corporati	on's board of directors. I hereby accept	ot the appoi	ntment as reg	jistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	cistered Ace	nt signature requin	ed when reinstating)	DATE		<del>.</del>
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
TITLE	<b>D</b> ,	☐ DELETE	1.1 TITLE			•	Change	☐ Addition
NAME	DABROWSKI, EDWARD		1.2 NAME					
STREET ADDRESS	LOCAL ENDERTEDAT AIDALE		1.3 STREE	TADDRESS	•			
CITY-ST-ZiP	ORLANDO FL 32828		1.4 CITY- S	ST-ZIP	•			
TITLE	TD ·	☐ DELETE	2.1 TITLE				Change	Addition
NAME	KOACH, JOHN		2.2 NAME				k	,
STREET ADDRESS	MARKE FORESTEROF OFFICE	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2.3 STREE	T ADDRESS -	the second second second			.4.
	ORLANDO FL 32828	•	2.4 CITY-					•
CITY-ST-ZIP	VD VD	☐ DELETE	3.1 TITLE	<del>****</del>		····	Change	Addition
NAME.	SCIARABBA, PETE		3.2 NAME					
	JANTA FORFATEROF OIDOLF			T ADDRESS	•			
STREET ADDRESS	ORLANDO FL 32828		3.4. CITY-					
CITY-ST-ZIP TITLE	PD	DELETE	4.1 TITLE	31.7IF			Change	Addition
	PROUT, OTTILIE	<u> </u>	4. 2 NAME	.			-	
NAME OTOGET ADDRESS	AND ENDEATEDOR OFFICE			T ADDRESS		4		
STREET ADDRESS	ORLANDO FL		4.4 CITY-5					
CITY-ST-ZIP TITLE	SD	☐ DELETE	5.1 TITLE	J. E.I.		<del></del>	Change	Addition
			5.2 NAME		٠	•		
NAME STREET ADDRESS	FREZEN, JACK 851 LAURELCREST DRIVE		1	T ADDRESS			*	
STREET ADDRESS	ORLANDO FL 32828		5.4 CITY-5					
CITY-ST-ZIP TITLE	ONDAMBO FL 32020	☐ DELETE	6.1 TITLE				Change	Addition
	<b>\</b>		6.2 NAME	ļ		1		_
NAME		4		ET ADDRESS				
STREET ADDRESS	§		64 CTY-5					

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 of the address, with all other like empowered.

SIGNATURE: