FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
99 JUL 22 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000001892 (6)

1. Corporation Name
WATERFORD LAKES TRACT N-27 NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
151 SOUTH HALL LN SUITE 230 MAITLAND FL 32751 US	151 SOUTH HALL LN SUITE 230 MAITLAND FL 32751 US

3. Date Incorporated or Qualified: 04/02/1996

4. FEI Number: APPLIED FOR 59-3444772 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	
21 1416 E CONCORD ST	26 P.O. BOX 571010	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	
23 City, State ORLANDO, FL	28 City, State ORLANDO, FL	
24 Zip 32803 25 Country USA	29 Zip 32853-1010 30 Country USA	

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HANSON, JACK B THE MELROSE MGMT GROUP 229 PASADENA PLACE 100 ORLANDO FL 32803	81 Name: JACK B. HANSON 82 Street Address (P.O. Box Number is Not Acceptable) 83 1416 E CONCORD ST. 84 City: ORLANDO FL 85 Zip Code: 32803

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: J. B. HANSON 4/20/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PRESIDENT / DIRECTOR	☐ Change ☒ Addition
NAME	KNIGHT, PAT		1.2 NAME	TODD TRUDY	
STREET ADDRESS	151 SOUTHHALL LANE		1.3 STREET ADDRESS	1416 E CONCORD ST	
CITY-ST-ZIP	MAITLAND FL		1.4 CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	KAROLINE, MATTHAI		2.2 NAME	DARY WASHBURN	
STREET ADDRESS	151 SOUTHHALL LANE		2.3 STREET ADDRESS	1416 E CONCORD ST.	
CITY-ST-ZIP	MAITLAND FL		2.4 CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	CROCKER, TED		3.2 NAME	JOHN MELZAN CELLO	
STREET ADDRESS	151 SOUTHHALL LANE		3.3 STREET ADDRESS	1416 E CONCORD ST	
CITY-ST-ZIP	MAITLAND FL	TS	3.4 CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE		☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME			4.2 NAME	GIGI KILLEN	
STREET ADDRESS			4.3 STREET ADDRESS	1416 E CONCORD ST	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	FRED LOPEZ	
STREET ADDRESS			5.3 STREET ADDRESS	1416 E CONCORD ST	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

STATEMENT 4699

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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 added by an attachment with an address.

SIGNATURE: G WASHBURN 4/6/99 407-228-4181