

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
99R
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002935

1. Corporation Name

WATERFORD LAKES TRACT N-25A NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~10553 LAKE UNDERHILL DRIVE~~
ORLANDO FL 32828

~~12553 LAKE UNDERHILL DRIVE~~
ORLANDO FL 32828



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~453 MARK TWAIN BLVD~~
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~453 MARK TWAIN BLVD~~
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

06/09/1994

5. FEI Number

58-3255268

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	SMITH, RALPH E SR FRANK GALLAGHER	12553 LAKE UNDERHILL DRIVE 14227 867 SPRING ISLAND WAY	ORLANDO FL 32828
VD	BARBARA SMITH JOHN HURSH	10553 LAKE UNDERHILL DR 14227 13702 SPRING HAVEN CT	ORLANDO FL 32828
OTD TD	VELASQUEZ, NETTE MYRON DAVIS	10553 LAKE UNDERHILL DRIVE 14227 914 SPRING ISLAND WAY	ORLANDO FL 32828
SD	STEVE HARTMAN	756 SPRING ISLAND WAY	ORLANDO FL 32828
			900003043259--6 -11/12/99--01103--015 *****61.25 *****61.25

8. Name and Address of Current Registered Agent

~~FERNANDEZ, A.~~
453 MARK TWAIN BLVD
ORLANDO FL 32828

9. Name and Address of New Registered Agent

Name
PENN FIRST MANAGEMENT, INC
Street Address (P.O. Box Number is Not Acceptable)
453 MARK TWAIN BLVD.
Suite, Apt. #, Etc.

City
ORLANDO

State
FL

Zip Code
32828

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/25/99

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #