

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001892

1. Entity Name

WATERFORD LAKES TRACT N-27 NEIGHBORHOOD ASSOCIAT

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90017 021 ****61.25

Principal Place of Business

Mailing Address

1416 E CONCORD ST.
ORLANDO FL 32803
US

P.O. BOX 531010
ORLANDO FL 32853-1010
US

2. Principal Place of Business

453 MARK TWAIN BLVD

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

4. FEI Number

59-3444772

Applied For

Not Applicable

Zip

32828

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HANSON, JACK B
1416 E CONCORD ST.
ORLANDO FL 32803

7. 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

City

ORLANDO

FL

Zip Code

32828

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

Lawrence M. Sheeker, President

(NOTE: Registered Agent signature required when reinstating)

DATE

2/16/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | TRUDY, TODD | |
| STREET ADDRESS | 1416 E CONCORD ST. | |
| CITY-ST-ZIP | ORLANDO FL 32803 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | KAROLINE, MATTHAI | |
| STREET ADDRESS | 151 SOUTHHALL LANE | |
| CITY-ST-ZIP | MAITLAND FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | CROCKER, TED | |
| STREET ADDRESS | 151 SOUTHHALL LANE | |
| CITY-ST-ZIP | MAITLAND FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | WASHBURN, GARY | |
| STREET ADDRESS | 1416 E CONCORD ST. | |
| CITY-ST-ZIP | ORLANDO FL 32803 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MEZZANCELO, JOHN | |
| STREET ADDRESS | 1416 E CONCORD ST. | |
| CITY-ST-ZIP | ORLANDO FL 32803 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | KILLIAN, G G | |
| STREET ADDRESS | 1416 E CONCORD ST. | |
| CITY-ST-ZIP | ORLANDO FL 32803 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Todd TRUBY | |
| STREET ADDRESS | 453 MARK TWAIN BLVD | |
| CITY-ST-ZIP | ORLANDO FL 32828 | |
| TITLE | D-S-T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRED LOPEZ | |
| STREET ADDRESS | 453 MARK TWAIN BLVD | |
| CITY-ST-ZIP | ORLANDO FL 32828 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D-VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOHN MEZZANCELO | |
| STREET ADDRESS | 453 MARK TWAIN BLVD | |
| CITY-ST-ZIP | ORLANDO FL 32828 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED TRUBY

2-15-00

407 282-9988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)