

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N41484**

1. Entity Name

WATERFORD LAKES TRACT N-8 NEIGHBORHOOD ASSOCIATI

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90231 006 ****61.25

Principal Place of Business	Mailing Address
52 E SOUTH STR ORLANDO FL 32801 US	52 E SOUTH STR ORLANDO FL 32801-3308 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3053821	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DON ASHER & ASSOCIATES INC
52 E SOUTH STR
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	DV	DABROWSKI, EDWARD	12818 FORESTEDGE CIRCLE ORLANDO FL 32828	
	TD	KOACH, JOHN	12850 FORESTEDGE CIRCLE ORLANDO FL 32828	<input checked="" type="checkbox"/> Delete
	VD	SCIARABBA, PETE	12971 FORESTEDGE CIRCLE ORLANDO FL 32828	<input checked="" type="checkbox"/> Delete
	PD	PROUT, OTTILIE	12719 FORESTEDGE CIRCLE ORLANDO FL	<input checked="" type="checkbox"/> Delete
	SD	FRIZEN, JACK	851 LAURELCREST DRIVE ORLANDO FL 32828	<input checked="" type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	SD	Skarphol, Patricia D	12975 Forestedge Circle Orlando, FL 32828	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	PD	Frizen, Jack	851 Laurelcrest Orlando, FL 32829	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	TD	Dabrowski, Ed	12818 Forestedge Circle Orlando, FL 32828	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)