

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000002938**

1. Entity Name

WATERFORD LAKES TRACT N-32 NEIGHBORHOOD ASSOCIAT

Principal Place of Business

**DON ASHER & ASSOC.
ORLANDO FL 32801**

Mailing Address

**52 E. SOUTH ST.
ORLANDO FL 32801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3203279

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DON ASHER & ASSOCIATES, INC.
52 E. SOUTH STREET
ORLANDO FL 32801**

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. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete
NAME **CONKLIN, LARRY**
STREET ADDRESS **13546 FORDWELL DR**
CITY-ST-ZIP **ORLANDO FL 32828**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **MACHACYK, TOM**
STREET ADDRESS **13522 EMERALDVIEW DR.**
CITY-ST-ZIP **ORLANDO FL 32822**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TDS** ☐ Delete
NAME **MERCHANT, SAM**
STREET ADDRESS **13527 EMERALDVIEW DRIVE**
CITY-ST-ZIP **ORLANDO FL 32828**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PD** ☐ Delete
NAME **DIXON, NANCY**
STREET ADDRESS **13530 FORDWELL DR.**
CITY-ST-ZIP **ORLANDO FL 32828**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **ELLIOTT, MICHAEL ANN**
STREET ADDRESS **13531 EMERALDVIEW**
CITY-ST-ZIP **ORLANDO FL 32828**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: *Nancy Dixon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

407-425-4561

CR2E037 (10/00)