2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9600001892

1. Entity Name

WATERFORD LAKES TRACT N-27 NEIGHBORHOOD ASSOCIAT

FILED
May 01, 2001 8:00 am
Secretary of State
05-01-2001 90026 043 ****61.25

Principal Place	of Business	Mailing Address									
453 MARK TWAIN BLVD ORLANDO FL 32828 US		P.O. BOX 531010 ORLANDO FL 32853-1010 US									
						1 11 11 11					
2. Principal Pla	ace of Business	3. Mailing Address To Penn First Monagement, Inc.									
Suite, Apt. #	#, etc.	Suite, Apt. #, etc. 453 Mark Twain Blud				DO NOT WRITE IN THIS SPACE					
City & State		Orlando PC				4. FEI Numbe	59-3444772			pplied For ot Applicable]
Zip	Country	32828				5. Certificate of Status Desired		\$8.75 Additional Fee Required			1
	6. Name and Address of Current	<u> </u>				7. Name and Address of New Registered Agent					
				Name							
PENN FIR	ST MANAGEMENT, INC		Street Address (P.O. Box Number is Not Acceptable)							1	
	TWAIN BLVD										
	FL 32828										
								FL	Zip Coc	le	
8. The above	named entity submits this statement for	or the purpose of changing its	registere	ed office or	registere	ed agent, or bot	h in the state of Flori		<u> </u>		1
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.											
	Alleman A	n K	12.	-02A A	10	Sheele		1//50	lar	•	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if unplicable (NOT			<u> </u>	7 · -0 D (0	· · · · · · · · · · · · · · · · · · ·	7/25/	6/		
, , , , , , , , , , , , , , , , , , , ,	organization, typod or praked frame or registered agent	and the happineaste: (NO)	c. negistere	Agent signatu	re required	when reinstating)		DATE			
	CH C MONAL	O Flanking Committee	. .			_					
	FILE NOW: FEE IS \$61.25					May Be to Fees		Check Fartment	ayable to	3	
	· LE 10 001.20				ridaca	101003	ւշի	aiment	UI State		
10.	OFFICERS AND DI	RECTORS	11.		Δ	ADDITIONS/CH	ANGES TO OFFICER	S AND DIF	RECTORS II	V 10	1
TITLE	PD	☐ Delete TITL		:					☐ Change	Addition	76
NAME	TRUDY, TODD		. NAM								F037 (10/00
STREET ADDRESS CITY-ST-ZIP	453 MARK TWAIN BLVD			ET ADDRESS - ST- ZIP							137
TITLE	ORLANDO FL 32828 DST			———	~~~						ROF
NAME	LOPEZ, FRED	Detete THTL			DŞT	Ö	Twair Blud		☐ Change	☐ Addition	5
STREET ADDRESS	453 MARK TWAIN BLVD		STRE		KIM	1 Samoc	早。 剧山				
CITY-ST-ZIP	ORLANDO FL 32828		CITY-S		455	Saluadi 1	10044 DIVE				
TITLE	D	. ⊠ Delete	TITL	E	<u> </u>	siciotaca,			☐ Change	Addition	1
NAME	MEZZANCELLO, JOHN		NAM		7	iel Mari	thias				
STREET ADDRESS	453 MARK TWAIN BLVD		STR	ET ADDRESS	ų.	3 Must	Tuxuin Blud.				
CITY-ST-ZIP	ORLANDO FL 32828		CITY	-ST-ZIP	, r	(Taxan Blud.	32131	?		
TITLE		Delete	TITL						☐ Change	Addition	
NAME			NAM								
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP							
			_								-
TITLE NAME		☐ Delete	TITL						☐ Change	Addition	
STREET ADDRESS				EET ADDRESS							
CITY-ST-ZIP			-ST-ZIP								
TITLE		☐ Delete	TITL	E :					Change	Addition	1
NAME		— -	NAM								
STREET ADDRESS				EET ADDRESS							
CITY-ST-ZIP				'-ST-ZIP							
12. Thereby of indicated	certify that the information supplied wit on this report or supplemental report	th this filing does not qualify for	or the exe	mption stat	ted in Se	ection 119.07(3)	(i), Florida Statutes. I	further cer	tify that the	information	
of the cor	poration or the receiver or trustee emp	cowered to execute this repor	t as re au	red by Cha	apter 617	7, Florida Statuti	es; and that my name	ani, maci è e appears i	n Block 10	or Block 11 if	
changed	, or on an attachment with an address	war as currer like empowered	,	and the second second							

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/26/01 Date

Daytime Phone #