

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90201 015 ****61.25

DOCUMENT # N93000002938

1. Entity Name

WATERFORD LAKES TRACT N-32 NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

**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 **P/D** ☐ Change ☒ Addition
NAME **David Shaw**
STREET ADDRESS **13456 Fordwell Drive**
CITY-ST-ZIP **Orlando, FL 32828**

TITLE **D** ☒ Delete
NAME **MACHACYK, TOM**
STREET ADDRESS **13522 EMERALDVIEW DR.**
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **D** ☐ Change ☒ Addition
NAME **Debbie Shaw**
STREET ADDRESS **13456 Fordwell Drive**
CITY-ST-ZIP **Orlando, FL 32828**

TITLE **TDS** ☐ Delete
NAME **MERCHANT, SAM**
STREET ADDRESS **13527 EMERALDVIEW DRIVE**
CITY-ST-ZIP **ORLANDO FL 32828**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Delete
NAME **DIXON, NANCY**
STREET ADDRESS **13530 FORDWELL DR.**
CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **V/D** ☐ Change ☒ Addition
NAME **Terry Stofflet**
STREET ADDRESS **13549 Fordwell Drive**
CITY-ST-ZIP **Orlando, FL 32828**

TITLE **D** ☒ Delete
NAME **ELLIOTT, MICHAEL ANN**
STREET ADDRESS **13531 EMERALDVIEW**
CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **D** ☐ Change ☒ Addition
NAME **Carl Motl**
STREET ADDRESS **516 Kelly Green Drive**
CITY-ST-ZIP **Orlando, FL 32828**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **John Higgins**
STREET ADDRESS **512 Kelly Green Drive**
CITY-ST-ZIP **Orlando, FL 32828**

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 David Shaw

4-11-02

321-853-2575

CR2E037 (9/01)