


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90353 013 ****61.25

DOCUMENT # N00000006153	
1. Entity Name WATERFORD CHASE EAST HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business C/O PENN FIRST MANAGEMENT INC 1813 N DEAN RD, SUITE 103 ORLANDO FL 32817	Mailing Address C/O PENN FIRST MANAGEMENT INC 1813 N DEAN RD, SUITE 103 ORLANDO FL 32817
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64040600



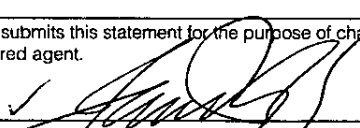
2. Principal Place of Business PENN FIRST-BOYLE MGMT Suite, Apt. #, etc. 498 Palm Spgs Dr #235 City & State Altamonte Spgs FL Zip 32701 Country USA	3. Mailing Address PENN FIRST-BOYLE MGMT Suite, Apt. #, etc. 498 Palm Spgs Dr #235 City & State Altamonte Spgs, FL Zip 32701 Country USA
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MOORE CR2E037 (11/03)

4. FEI Number 59-3714093	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PENN FIRST MANAGEMENT, INC. 1813 N. DEAN RD ORLANDO FL 32817	7. Name and Address of New Registered Agent Name: PENN FIRST-Boyle Management Street Address (P.O. Box is Not Acceptable) 498 Palm Spgs, Dr #235 City: Altamonte Spgs FL Zip Code: 32701
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  JAMES W. BOYLE, PRES 4/5/04
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 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME KAISER, DAN STREET ADDRESS 385 DOUGLAS AVENUE, SUITE 2000 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714	<input checked="" type="checkbox"/> Delete	TITLE SPD Sheeler, Lawrence M. STREET ADDRESS 385 Douglas Ave Suite 2000 CITY-ST-ZIP Altamonte Springs, FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VTD NAME MAKRANSKY, JAMES STREET ADDRESS 385 DOUGLAS AVENUE, SUITE 2000 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Delete	TITLE PO NAME Same except position STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME STAPLETON, KIRSTIN STREET ADDRESS 385 DOUGLAS AVENUE, SUITE 2000 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714	<input checked="" type="checkbox"/> Delete	TITLE VPD NAME olive, mike STREET ADDRESS 385 Douglas Ave, Suite 2000 CITY-ST-ZIP Altamonte Springs, FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  4/13/04 407-661-2074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #