

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90285 021 \*\*\*\*61.25

**DOCUMENT # N94000002935**

1. Entity Name  
**WATERFORD LAKES TRACT N-25A NEIGHBORHOOD ASSOCIATION, INC.**



Principal Place of Business  
**5401 S KIRKMAN RD  
STE 450  
ORLANDO, FL 32819**

Mailing Address  
**5401 S KIRKMAN RD  
STE 450  
ORLANDO, FL 32819**

**50023380**

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

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



01042005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3255268**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**COMMUNITY MANAGEMENT PROFESSIONALS, INC.  
5401 S KIRKMAN RD  
STE 450  
ORLANDO, FL 32819**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee Is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SYMONS, ELENOR		NAME	DENNIS HORAZAK	
STREET ADDRESS	13786 CRYSTAL RIVER DR.		STREET ADDRESS	726 DIVINE CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMSON, JEAN		NAME	RON WILEY	
STREET ADDRESS	600 DIVINE CIRCLE		STREET ADDRESS	13206 WHITE CEDAR COURT	
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARTMAN, STEVE		NAME	WILLIAM SNOOK	
STREET ADDRESS	786 SPRING ISLAND WAY		STREET ADDRESS	713 SPRING ISLAND WAY	
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, MYRON		NAME	LEE BLACKWELL	
STREET ADDRESS	914 SPRING ISLAND WAY		STREET ADDRESS	534 SPRING ISLAND WAY	
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEELER, LARRY		NAME		
STREET ADDRESS	523 SPRING ISLAND WAY		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:** *Dennis Horazak* **DENNIS HORAZAK** **1/18/05** **407.736.5131**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #