2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90332 035 ****61.25

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1. Entity Name
WATERFORD CHASE EAST HOMEOWNERS ASSOCIATION, INC.

50038016

Principal Place of Business	Mailing Address
~~PENN FIRST~~-BOYLE MGMTX 498 PALM SPGS DR #235 ALTAMONTE SPRINGS, FL 32701 US	~~PENN FIRST~~-BOYLE MGMTX 498 PALM SPGS DR #235 ALTAMONTE SPRINGS, FL 32701 US

01042005 Chg-NP CR2E037 (10/03)

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 59-3714093 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~PENN FIRST-BOYLE MANAGEMENT~~ Boyle Management Services Inc
498 PALM SPGS, DR #235
ALTAMONTE SPRINGS, FL 32701

7. Name and Address of New Registered Agent

Name James W. Boyle
Street Address (P.O. Box Number is Not Acceptable) Boyle Management Services
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] 4/5/05
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SHEELER, LAWRENCE M 385 DOUGLAS AVENUE, SUITE 2000 ALTAMONTE SPRINGS, FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MAKRANSKY, JAMES 385 DOUGLAS AVENUE, SUITE 2000 ALTAMONTE SPRINGS, FL 32714	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Thomas Bontrager 385 Douglas Ave # 2000 Altamonte Spgs, FL 32714	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD OLIVE, MIKE 385 DOUGLAS AVENUE, SUITE 2000 ALTAMONTE SPRINGS, FL 32714	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEBBIE RIGGS 385 Douglas Ave #2000 ALTAMONTE SPGS, FL 32714	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRISTA GUNNING 747 Scarborough Hts Orlando, FL 32828	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] Lawrence M. Sheeler, President 4/4/05 407-838-4633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #