

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90373 018 ****61.25

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1. Entity Name
WATERFORD LAKES TRACT N-33 NEIGHBORHOOD
ASSOCIATION, INC.



TRANS # 11400
60024159



01242006 Chg-NP CR2E037 (11/05)

Principal Place of Business
BOYLE MANAGEMENT
498 PALM SPRINGS DR., STE 235
ALTAMONTE SPRINGS, FL 32701

Mailing Address
BOYLE MANAGEMENT
498 PALM SPRINGS DR., STE 235
ALTAMONTE SPRINGS, FL 32701

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
59-3203281

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BOYLE, JAMES
498 PALM SPRINGS DR., STE 235
ALTAMONTE SPRINGS, FL 32701

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, 2006

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	BONTRAGER, TOM	232 LEXINGDALE DRIVE	ORLANDO, FL 32828	<input type="checkbox"/>
VPD	GRIFFIN, HOUSTON	501 LEXINGDALE DRIVE	ORLANDO, FL 32828	<input type="checkbox"/>
SD	STASIK, CINDY	433 LEXINGDALE DRIVE	ORLANDO, FL 32828	<input type="checkbox"/>
TD	ZAYAS, LORI	429 LEXINGDALE DR.	ORLANDO, FL 32828	<input checked="" type="checkbox"/>
D	MAGORRIAN, VINCENT	306 LEXINGDALE DR.	ORLANDO, FL 32828	<input type="checkbox"/>
D	TEW, JOE	228 LEXINGDALE DR.	ORLANDO, FL 32828	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
SD	BONTRAGER, TOM			<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	GRIFFIN, HOUSTON			<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	STASIK, CINDY			<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
VD	MAGORRIAN, VINCENT			<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD	WOODLEE, SCOTT	441 LEXINGDALE DR	ORLANDO, FL 32828	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #