2008 NOT-FOR-PROFIT CORPORATION

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Jan 24, 2008 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # N41484 01-24-2008 90044 001 ****61.25 1. Entity Name WATERFORD LAKES TRACT N-8 NEIGHBORHOOD ASSOCIATION, INC. Principal Place of Business Mailing Address 5401 S. KIRKMAN RD. 5401 S. KIRKMAN RD. STE. 450 STE. 450 ORLANDO, FL 32819 US ORLANDO, FL 32819 115 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082008 Cha-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-3053821 Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COMMUNITY MANAGEMENT PROFESSIONALS INC. 5401 KIRKMAN RD., STE. 450 Street Address (P.O. Box Number is Not Acceptable) *ORLANDO, FL 32819 Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PΠ TITLE TITLE ☐ Delete FINE, MILLIE NAME NAME 815 LAURELCREST DR STREET ADDRESS STREET ADDRESS ORLANDO, FL 32828 CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE Change ☐ Addition KENNEDY, CHRISTOPHER NAME NAME STREET ADDRESS 842 BLOOMINGDALE DRIVE STREET ADDRESS ORLANDO, FL 32828 CITY-ST-ZIP CITY-ST-ZIP TO Change TITLE XX Delete TITLE ☐ Addition PEREIRA, GABRIEL NAME GREG Wilson NAME STE KAUREICHEST DN. STREET ADDRESS 837 BLOOMINGDALE DR STREET ADDRESS 00 1 ando, FL 3282 1 CITY-ST-ZIP ORLANDO, FL 32828 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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, withall other like empowered.

STREET ADDRESS

CITY-SI-7IP

TITLE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

,10,2008 407.929.0442

☐ Change

☐ Addition

FILED

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	ANNUAL	REPORT	_	ATTACHMENI
DOCUMENT # N41484 1. Entity Name WATERFORD LAKES TRACT N-8 NEIGHBORHOO ASSOCIATION, INC.				
Principal Plac 5401 S. KIRI STE. 450 ORLANDO, FI	(MAN RD.	Mailing Address 5401 S. KIRKMAN RD. STE. 450 ORLANDO, FL 32819	US	40009800
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address		1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01082008 Chg-NP CR2E037 (12/06)
City & Stat	e	City & State		4. FEI Number
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent
COMMUNITY MANAGEMENT PROFESSIONALS INC.			Name	
5401 KIRKMAN RD., STE. 450 CRLANDO, FL. 32819			Street Ac	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 obligat	ions of registered agent.			
SIGNATURE .	Signature, typad or printed name of registered agent a	and title if applicable /NOT	F. Genietered Agent signatu	ature required when reinstating) DATE
	Signature, types or printed reside or registered agent a	The time is approached.	c. negisterad rigent agricue	The state of the s
	Filing Fee is \$61.25 Due by May 1, 2008		mpaign Financing Contribution,	\$5.00 May Be Added to Fees Florida Department of State
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS	PD FINE, MILLIE 815 LAURELCREST DR	☐ Delete	NAME STREET ADDRESS	Change Addition
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KENNEDY, CHRISTOPHER 842 BLOOMINGDALE DRIVE ORLANDO, FL 32828	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PEREIRA, GABRIEL 837 BLOOMINGDALE DR ORLANDO, FL 32828	(C) Oelete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	TO Great Wilson Phange Amolition 856 Lawelerest Dr. Orlando, FL 30828
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
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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