2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 12, 2008 8:00 am **Secretary of State** DOCUMENT # N94000002935 02-12-2008 90020 007 ****61.25 WATERFORD LAKES TRACT N-25A NEIGHBORHOOD ASSOCIATION, INC. Principal Place of Business Mailing Address 400000 5401 S KIRKMAN RD 5401 S KIRKMAN RD **STE 450** STE 450 ORLANDO, FL 32819 ORLANDO, FL 32819 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-3255268 City & State Applied For City & State Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COMMUNITY MANAGEMENT PROFESSIONALS, INC. 5401 S KIRKMAN RD Street Address (P.O. Box Number is Not Acceptable) STF 450 ORLANDO, FL 32819 City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2008 Trust Fund Contribution Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 HORAZAK, DENNIS Delete Zenange Addition TITLE TITLE HAROLD EN Gold CX. NAME 726 DIVINE CIRCLE STREET ADDRESS STREET ADDRESS ORLANDO FL 32828 CITY-ST-ZIP CITY-ST-ZIP TITLE PD ☐ Delete TITI F 0 ☐ Change Addition WILEY, RON MONS YSTA (RIVER Dr. NAME NAME 13206 WHITE CEDAR COURT STREET ADDRESS STREET ADDRESS ORLANDO, FL 32828 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE KRANZ, MICHAEL MALI NAME STREET ADDRESS 774 SPRING ISLAND WY STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32828 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITI F DAVIS, MYRON NAME 914 SPRING ISLAND WAY STREET ADDRESS STREET ADDRESS ORLANDO, FL 32825 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition BLACKWELL, LEE NAME NAME STREET ADDRESS 534 SPRING ISLAND WAY STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32828 CITY-ST-2IP # V/O TENNEY, JOHN ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME 13738 CRYSTAL RIVER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32828 CITY-ST-ZIP 12. Thereby 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 sustee 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.

FILED