


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N92000000854</b>		
1. Entity Name WATERFORD LAKES TRACT N-24 NEIGHBORHOOD ASSOCIATION, INC.		
Principal Place of Business 5205 S ORANGE AVENUE, SUITE 206 ORLANDO, FL 32809 US	Mailing Address 5205 S ORANGE AVENUE, SUITE 206 ORLANDO, FL 32809 US	



01072008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3203282	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

HOUSE OF MANAGEMENT ENTERPRISES FOR  
COMMUNITY ASSOCIATIONS, INC.  
5205 S ORANGE AVENUE, SUITE 206  
ORLANDO, FL 32809

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOYLES, BRETT 618 WATERSCAPE WAY ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AMIKER, MERICE 531 TERRACE COVE WAY ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POLOMSKI, CAROLYN 655 WATERSCAPE WAY ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOGER, DAVID 624 WATERSCOPE WAY ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEREPLY, BRENDA 13007 CRYSTAL COVE DRIVE ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** Carolyn Polomski, President 1/24/08 407-644-9958  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #