

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41484

FILED  
Jan 13, 2009  
Secretary of State

**Entity Name:** WATERFORD LAKES TRACT N-8 NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

5401 S. KIRKMAN RD.  
STE. 450  
ORLANDO, FL 32819 US

**New Principal Place of Business:**

**Current Mailing Address:**

5401 S. KIRKMAN RD.  
STE. 450  
ORLANDO, FL 32819 US

**New Mailing Address:**

**FEI Number:** 59-3053821

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COMMUNITY MANAGEMENT PROFESSIONALS INC.  
5401 KIRKMAN RD., STE. 450  
ORLANDO, FL 32819 US

**Name and Address of New Registered Agent:**

COMMUNITY MANAGEMENT PROFESSIONALS INC.  
5401 S. KIRKMAN RD.,  
STE. 450  
ORLANDO, FL 32819 US

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.

SIGNATURE: KAREN SFARA

01/13/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FINE, MILLIE  
Address: 815 LAURELCREST DR  
City-St-Zip: ORLANDO, FL 32828

Title: SD ( ) Delete  
Name: KENNEDY, CHRISTOPHER  
Address: 842 BLOOMINGDALE DRIVE  
City-St-Zip: ORLANDO, FL 32828

Title: TD ( ) Delete  
Name: PEREIRA, GABRIEL  
Address: 856 LAURERVEST DR  
City-St-Zip: ORLANDO, FL 32828

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: FINE, MILLIE  
Address: 815 LAURELCREST DR  
City-St-Zip: ORLANDO, FL 32828

Title: S (X) Change ( ) Addition  
Name: KENNEDY, CHRISTOPHER  
Address: 842 BLOOMINGDALE DRIVE  
City-St-Zip: ORLANDO, FL 32828

Title: T (X) Change ( ) Addition  
Name: WILSON, GREG  
Address: 856 LAURELCREST DRIVE  
City-St-Zip: ORLANDO, FL 32828

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILLIE FINE

P

01/13/2009

Electronic Signature of Signing Officer or Director

Date