

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002938

FILED  
Feb 19, 2011  
Secretary of State

**Entity Name:** WATERFORD LAKES TRACT N-32 NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

3906 WOODGLADE COVE  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

3906 WOODGLADE COVE  
WINTER PARK, FL 32792

**New Mailing Address:**

3906 WOODGLADE COVE  
WINTER PARK, FL 32792 US

**FEI Number:** 59-3203279

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MGMT. SCIENCES INC  
3906 WOODGLADE COVE  
WINTER PARK, FL 32792 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: DIXON, NANCY  
Address: 13530 FORDWELL DR  
City-St-Zip: ORLANDO, FL 32828

Title: TD  
Name: MERCHANT, SAM  
Address: 13527 EMERALDVIEW DRIVE  
City-St-Zip: ORLANDO, FL 32828

Title: D  
Name: MELLO, MICHAEL  
Address: 13534 FORDWELL DRIVE  
City-St-Zip: ORLANDO, FL 32828

Title: PD  
Name: STOFFLET, TERRY  
Address: 13549 FORDWELL DR  
City-St-Zip: ORLANDO, FL 32828

Title: VD  
Name: O'HARA, KEEFE  
Address: 13605 EMERALD VIEW DRIVE  
City-St-Zip: ORLANDO, FL 32828

I hereby 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 all other like empowered.

SIGNATURE: TERRY STOFFLET

PD

02/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date