2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N93000002938

WATERFORD LAKES TRACT N-32 NEIGHBORHOOD ASSOCIAT



Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90739 017 ****61.25

FILED

ION, INC.				A STATE OF THE STA	1105						
Principal Place	e of Business	Mailing Address									
DON ASHER & ORLANDO FL 3		52 E. SOUTH ST. ORLANDO FL 32801						*			
UNLANDO FL 3	2001	ONLANDO 1 E 32001				1 15011101 015 10			(1 016 10100 11	186 1816 1 89 1	
A B: 1 (B)		I n Markey Addison									
2. Principal Pl	lace of Business	3. Mailing Address					IJOO EHII DOMA DOMA DEELI		 	101 1011 1001.	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State	9	City & State				4. FEI Number 59-3203279				Applied For	
7:	Country	Zip	otru					Not Applicable \$8.75 Additional			
Zip	Country	Σιρ	Zip Coui			5. Certificate of Status Desired Fee Required					İ
	6. Name and Address of Current	Registered Agent				7. Name and Add	tress of New Regi	stered Ag	ent]_
				Name]
	ier & Associates, Inc. Uth Street		Street Address			s (P.O. Box Number is Not Acceptable)					
) FL 32801										1
0,100	41 B			City				FL Zip Code			┨
	**			,			d. Ohn af Electric		1		4
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registere	d office or	registere	d agent, or both, in	the State of Florida	a. i am ian	nillar with,	and accept	ļ
•											
SIGNATURE .	Signature, typed or printed name of registered agent	- delia di - di-	. Degisteres	Amont signatus	eo convirad v	when reinstating)		DATE			
	Signature, typed or printed name of registered agent	and title trapplicable. (NOTE	. negisteret	Agent signatu	ne required v	viori iellistatiig)		DAIC		<u></u>	}
	THE NOW! FEE 10 664 05	9. Election Can	npaign Fi	inancing		\$5.00 May Be	Make	Check I	Payable	to	
	FILE NOW: FEE IS \$61.25	Trust Fund C	Contribution	on. I		Added to Fees	Florida				-
10.	OFFICERS AND DIE	RECTORS	11.		A	DDITIONS/CHANG	SES TO OFFICERS.	AND DIRE	CTORS IN	v 10	}
	PD	X Delete	TITLE	: 1	D	22,113110, 31 // 11			Change	X Addition	18
	SHAW, DAVID	- ;	NAME		_	Schramm					(10/02
STREET ADDRESS CITY-ST-ZIP	13456 FORWELL DRIVE			ET ADDRESS -ST-ZIP		47 Emeraldview Drive					F037
TITLE	ORLANDO FL 32828	▼ Delete TITL			Orla	ndo, Fl 3	2828	ſ	Change	Addition	12
NAME.	SHAW, DEBBIE	ÇÇI Delete	NAME								C
STREET ADDRESS	13456 FORWELL DRIVE			ET ADDRESS							Γ
CITY-ST-ZIP	ORLANDO FL 32828			-ST-ZIP					Change	Addition	-
TITLE NAME	TDS MERCHANT, SAM	☐ Delete	TITLE					L	Change	Addition	
STREET ADDRESS	13527 EMERALDVIEW DRIVE			ET ADDRESS							}
CITY-ST-ZIP	ORLANDO FL 32828		_	-ST-ZIP				_			$\left\{ \right.$
TITLE	VD Stofflet, tierry	☐ Delete	TITLE NAME		PD			Ţ	X Change	☐ Addition	
NAME STREET ADDRESS	13549 FORDWELL DRIVE			ET ADDRESS							
CITY-ST-ZIP	ORLANDO FL 32828		CITY-	-ST-ZIP]
TITLE	D	☐ Delete	TITLE	1					Change	☐ Addition	
	MOTL, CARL		NAME	ET ADDRESS							
STREET ADDRESS CITY-ST-ZIP	516 KELLY GREEN DRIVE ORLANDO FL 32828			-ST-ZIP							1
TITLE	D	☐ Delete	TITLE	: 1					Change	Addition	1
NAME	HIGGINS, JOHN		NAM						=		
	512 KELLY GREEN DRIVE			ET ADDRESS							
CITY-ST-ZIP	ORLANDO FL 32828		CITY-	-ST-ZIP							4

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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.