

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

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90166 005 ****61.25

DOCUMENT # N96000001892

1. Entity Name

WATERFORD LAKES TRACT N-27 NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business

**453 MARK TWAIN BLVD
ORLANDO FL 32828
US**

Mailing Address

**C/O PENN FIRST MANAGEMENT INC.
453 MARK TWAIN BLVD
ORLANDO FL 32828
US**

2. Principal Place of Business

**PENN FIRST
MANAGEMENT, INC**

**1813 N. DEAN RD SUITE 103
ORLANDO FL 32817**

3. Mailing Address

**PENN FIRST
MANAGEMENT, INC**

**1813 N. DEAN RD SUITE 103
ORLANDO FL 32817**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3444772**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PENN FIRST MANAGEMENT, INC
453 MARK TWAIN BLVD
ORLANDO FL 32828**

MULTIPLE
LISTING
SERVICE
MLS

Sherrie Vierra, LCAM
Waterford Lakes Community Manager
407 380-3803 Office
407 207-4888 Fax



DON ASHER AND ASSOCIATES, INC.
REALTORS
Phone 407 / 425-4561
Fax 407 / 843-5169
52 E. SOUTH STREET ORLANDO, FLORIDA 32801

8. The above named entity submits this statement for the purpose of changing its registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, FRED 453 MARK TWAIN BLVD ORLANDO FL 32828	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SAMOCKI, KIM 453 MARK TWAIN BLVD ORLANDO FL 32828	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VARGAS, OSCAR 453 MARK TWAIN BLVD ORLANDO FL 32828	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRED LOPEZ 908 ROSINIA CT ORLANDO, FL 32828	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KIM SAMOCKI 14006 LAKE UNDERHILL RD ORLANDO, FL 32828	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD OSCAR VARGAS 933 ROSINIA CT ORLANDO, FL 32828	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:

SIGNATURE REQUIRED ALFRED LOPEZ

CR2E037 (10/02)