

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2001 8:00 am**  
**Secretary of State**

08-07-2001 90006 030 \*\*\*\*61.25

**DOCUMENT # N00000006153**

1. Entity Name

**WATERFORD CHASE EAST HOMEOWNERS ASSOCIATION, INC**

Principal Place of Business

**385 DOUGLAS AVENUE  
 SUITE 2000  
 ALTAMONTE SPRINGS FL 32714**

Mailing Address

**385 DOUGLAS AVENUE  
 SUITE 2000  
 ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

**c/o Penn First Management, Inc.**

**Suite, Apt. #, etc.  
 1813 N. Dean Rd, Suite 103**

**City & State  
 Orlando, FL**

**Zip  
 32817**

**Country  
 USA**

3. Mailing Address

**c/o Penn First Management, Inc.**

**Suite, Apt. #, etc.  
 1813 N. Dean Rd, Suite 103**

**City & State  
 Orlando, FL**

**Zip  
 32817**

**Country  
 USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3714093**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CENTEX REAL ESTATE CORPORATION  
 385 DOUGLAS AVENUE  
 SUITE 1000  
 ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

**Name  
 Lawrence M. Sheeler**

**Street Address (P.O. Box Number is Not Acceptable)**

**c/o Penn First Management, Inc.**

**1813 N. Dean Rd, Suite 103**

**City  
 Orlando**

**FL**

**Zip Code  
 32817**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

**TITLE PD**  
**NAME KAISER, DAN**  
**STREET ADDRESS 385 DOUGLAS AVENUE, SUITE 2000**  
**CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714** ☐ Delete

**TITLE VTD**  
**NAME MAKRANSKY, JAMES**  
**STREET ADDRESS 385 DOUGLAS AVENUE, SUITE 2000**  
**CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714** ☐ Delete

**TITLE SD**  
**NAME STAPLETON, KIRSTIN**  
**STREET ADDRESS 385 DOUGLAS AVENUE, SUITE 2000**  
**CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition

**TITLE**  
**NAME**  
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**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ 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**

7/31/01

407 661 2178

CR2E037 (5/01)