2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 18, 2005 8:00 am Secretary of State

04-18-2005 90332 035 ****61.25

DOCUMENT #	Ħ	N00000006	153
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1. Entity Name
WATERFORD CHASE EAST HOMEOWNERS
ASSOCIATION, INC.



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Principal Place of Business PENN FIRST-BOYLE MGMTX 498 PALM SPGS DR #235 ALTAMONTE SPRINGS, FL 32701 US Mailing Address PENN FIRST-BOYLE MG 498 PALM SPGS DR #2 ALTAMONTE SPRINGS, FL 32701 US ALTAMONTE SPRINGS,			#235	01 US		······································	03801	٠.		
Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc. Suite, Apt. #, etc.			<u>.</u>		01042005 Chg	g-NP · CR2E(037 (10/03)	-		
City & State . City & State					4. FEFNumber 59-3714093			oplied For ot Applicable		
Zip		Country	Zip	Cou	intry	5. Certificate of Status Desired See Required Fee Required				
6. Name and Address of Current Registered Agent					7. Name and Addre	ess of New Registered	Agent			
Boul	e Ma	nagemen	t Services I	10.6	Name		1 /-			
PENN HA	SI-BOXFE	- MANAGEMENT	, Octained T	ric		MES W.	Boy/e			
	I SPGS, DF				Street Address	(P.O. Box Number is N	t Acceptable)		J. Course	
ALTAMON	ITÉ SPRIN	IGS, FL 32701	•				oyle mana	<u>igemen</u>	FJERUIT	
		4							İ	
	•	·		*,	City		F	Zip Cod		
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. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE										
	Sloratore	bearinted name of epistero ager	nt and title if applicable. (NC	TE: Registere	d Agent signature require	ed when reinstating)	DATÉ			
/	_	e is \$61.25 lay 1, 2005	9. Election Ca			\$5.00 May Be Added to Fees	Make che Florida Depa	ck payable to		
10.		OFFICERS AND D	UDECTORS				· · · · · · · · · · · · · · · · · · ·			
	SD	OFFICERS AND D		11.		ADDITIONS/CHANGE	S TO OFFICERS AND L			
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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/