


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 08, 2006 8:00 am**  
**Secretary of State**

06-08-2006 90001 027 \*\*\*\*61.25

<b>DOCUMENT #</b> N00000006153	
1. Entity Name WATERFORD CHASE EAST HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business PENN FIRST-BOYLE MGMTX 498 PALM SPGS DR #235 ALTAMONTE SPRINGS, FL 32701 US	Mailing Address PENN FIRST-BOYLE MGMTX 498 PALM SPGS DR #235 ALTAMONTE SPRINGS, FL 32701 US
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2. Principal Place of Business 1801 Cook Avenue Suite, Apt. #, etc.	3. Mailing Address 1801 Cook Avenue Suite, Apt. #, etc.
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City & State Orlando Florida	City & State Orlando Florida
Zip 32806	Country Orange
Zip 32806	Country Orange

6. Name and Address of Current Registered Agent BOYLE, JAMES W 498 PALM SPGS, DR #235 ALTAMONTE SPRINGS, FL 32701	
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40093044



01242006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3714093	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name Steven D. Asher	
Street Address (P.O. Box Number is Not Acceptable) 1801 Cook Avenue	
City Orlando	FL Zip Code 32806

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 Ug (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME SHEELER, LAWRENCE M	TITLE 6D	NAME Wendy Cowan
STREET ADDRESS 385 DOUGLAS AVENUE, SUITE 2000	CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714	STREET ADDRESS 15206 Sugar Grove way	CITY-ST-ZIP Orlando, FL 32828
TITLE D	NAME BONTRAGER, THOMAS	TITLE D	NAME Jay Baker
STREET ADDRESS 385 DOUGLAS AVE #2000	CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714	STREET ADDRESS 755 Bristol Forest way	CITY-ST-ZIP Orlando, FL 32828
TITLE D	NAME RIGGS, DEBBIE	TITLE D	NAME Mark Schumde
STREET ADDRESS 385 DOUGLAS AVE #2000	CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714	STREET ADDRESS 1034 Seneca Falls Drive	CITY-ST-ZIP Orlando, FL 32828
TITLE D	NAME GUNNING, CRISTA	TITLE PD	NAME
STREET ADDRESS 747 SCARBOROUGH HILLS	CITY-ST-ZIP ORLANDO, FL 32828	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Crista Gunning 5/26/06 407 425-4561  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #