

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90350 043 *****61.25

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DOCUMENT # N00000006153

1. Entity Name

WATERFORD CHASE EAST HOMEOWNERS ASSOCIATION, INC



Principal Place of Business

**C/O PENN FIRST MANAGEMENT INC
1813 N OCEAN RD SUITE 103
ORLANDO FL 32817**

Mailing Address

**C/O PENN FIRST MANAGEMENT INC
1813 N OCEAN RD SUITE 103
ORLANDO FL 32817**

2. Principal Place of Business

3. Mailing Address

Suite/Apt. #, etc.

Suite/Apt. #, etc.

1813 N DEAN RD, STE 103 **1813 N. DEAN RD, STE 103**

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

~~**SHEELER, LAWRENCE M**
C/O PENN FIRST MANAGEMENT INC
1813 N DEAN RD SUITE 103
ORLANDO FL 32817~~

Name

Street

City

**PENN FIRST
MANAGEMENT INC
1813 N. DEAN RD
ORLANDO FL 32817**

Zip Code

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

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

LAWRENCE SHEELER

(NOTE: Registered Agent signature required when reinstating)

4/1/03

DATE

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	PD	<input type="checkbox"/> Delete
NAME	KAISER, DAN	
STREET ADDRESS	385 DOUGLAS AVENUE, SUITE 2000	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	MAKRANSKY, JAMES	
STREET ADDRESS	385 DOUGLAS AVENUE, SUITE 2000	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STAPLETON, KIRSTIN	
STREET ADDRESS	385 DOUGLAS AVENUE, SUITE 2000	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

4/8/03

402-661-2170

CR2E037 (10/02)