


FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90291 041 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000007951

1. Entity Name
 WATERFORD LAKES COMMERCIAL FACILITIES OWNERS' ASSOCIATION, INC.



Principal Place of Business
 PENN FIRST MANAGMNT INC
 1813 N DEAN RD
 ORLANDO, FL 32817

Mailing Address
 PENN FIRST MANAGMNT INC
 1813 N DEAN RD
 ORLANDO, FL 32817

FILED DATE 4-12-05
 TRANS # 71400



2. Principal Place of Business
 Boyle Management
 Suite, Apt. #, etc. 235

3. Mailing Address
 498 Palm Springs
 Suite, Apt. #, etc. same

01062005 Chg-NP CR2E037 (10/03)

City & State
 Altamonte Spgs
 Zip 32701 Country USA

City & State
 Same
 Zip same Country USA

4. FEI Number
 59-3711977

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PENN FIRST MANAGMNT INC
 498 PALM SPRINGS DRIVE #235
 ALTAMONTE SPRINGS, FL 32701

7. Name and Address of New Registered Agent
 Name James Boyle
 Street Address (P.O. Box Number is Not Acceptable)
same
 City FL 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] DATE 3/12/05
Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

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	
TITLE VPD	<input checked="" type="checkbox"/> Delete
NAME MAKRAMSKY, JAMES	
STREET ADDRESS 385 DOUGLAS AVE STE 100	
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714	
TITLE SD	<input type="checkbox"/> Delete
NAME ROSSINI, REGINA	
STREET ADDRESS 730 BONNIE ST	
CITY-ST-ZIP WINTER PARK, FL 32789	
TITLE TD	<input type="checkbox"/> Delete
NAME MIKOLENKO, NICOLAU	
STREET ADDRESS 13698 CYRSTAL RIVER DR	
CITY-ST-ZIP ORLANDO, FL 32828	
TITLE PD	<input type="checkbox"/> Delete
NAME CAVANAUGH, THOMAS	
STREET ADDRESS 730 BONNIE BRAE ST	
CITY-ST-ZIP WINTER PARK, FL 32789	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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] DATE 4/4/05 Daytime Phone # 407-628-3065

AM
4/13/05