

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

**FILED**  
Feb 28, 2003 8:00 am  
Secretary of State

02-28-2003 90158 022 \*\*\*\*61.25

0073949

DOCUMENT # N00000007951

1. Entity Name

**WATERFORD LAKES COMMERCIAL FACILITIES OWNERS' ASSOCIATION, INC.**



Principal Place of Business

**14207 LAKE UNDERHILL RD  
ORLANDO FL 32828**

Mailing Address

**14207 LAKE UNDERHILL RD  
ORLANDO FL 32828**

2. Principal Place of Business

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

3. Mailing Address

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



CHECK HERE IF MAKING CHANGES

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

~~A.G.C. CO.~~  
~~200 G ORANGE AVE, STE 2000~~  
~~ORLANDO FL 32801~~

7. Name and Address of New Registered Agent

Ne  
**PENN FIRST**  
St  
**MANAGEMENT INC**  
**1813 N.DEAN RD.**  
City  
**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 *Lawrence Steeler* **President LAWRENCE STEELER**

**2/25/03**

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	JACOBSON, RUSSELL	134 BRADGATE DR	THORNHILL ONTARIO CANADA L3T7M-2	<input type="checkbox"/>
D	SMITH, RALPH	813 WHITE RIVER DR	ORLANDO FL 32828	<input checked="" type="checkbox"/>
D	VELASQUEZ, IVETTE	1306 ROBERTA AVE	ORLANDO FL 32825	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
VPD	James Makransky	385 Douglas Ave Suite 100	Altamonte Spgs. FL 32714	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	Regina Rossini	730 Bonnie Brae St.	Winter Park 32789	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	Nicolau Mikolenko	13698 Crystal River Dr.	Orlando FL 32828	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PD	THOMAS CAVANAUGH	730 BONNIE BRAE ST.	WINTER PARK, FL 32789	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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**

**2/24/03**

CR2E037 (10/02)