

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90069 008 \*\*\*\*61.25

<b>DOCUMENT # N04000001845</b> 1. Entity Name <b>THE WAVERLY ON LAKE EOLA CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1950 SUMMIT PARK DR STE 300 ORLANDO, FL 32801</b>			Mailing Address <b>1950 SUMMIT PARK DR STE 300 ORLANDO, FL 32801</b>		
2. Principal Place of Business <b>322 E. CENTRAL BOULEVARD</b>		3. Mailing Address <b>322 E. CENTRAL BLVD.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>ORLANDO, FL.</b>		City & State <b>ORLANDO, FL.</b>		4. FEI Number <b>20-0767007</b>	
Zip <b>32801</b>		Country <b>ORANGE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>32801</b>		Country <b>ORANGE</b>		6. Name and Address of Current Registered Agent <b>ZOM RESIDENTIAL SERVICES, INC. ATTN: STEVEN K BUCK 1950 SUMMIT PARK DR STE 300 ORLANDO, FL 32801</b>	
7. Name and Address of New Registered Agent Name <b>Divine Estes, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>24 S. Orange Ave, Suite 208</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32802</b>		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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>5-1-06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE P NAME BROWN, GEORGE STREET ADDRESS 322 E CENTRAL BLVD CITY-ST-ZIP ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete		TITLE VP NAME JOHN LEARNED STREET ADDRESS 322 E. CENTRAL BLVD. CITY-ST-ZIP ORLANDO, FL. 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME WILLIAMS, JUDITH STREET ADDRESS 322 E CENTRAL BLVD CITY-ST-ZIP ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete		TITLE T NAME JUDITH WILLIAMS STREET ADDRESS 322 E. CENTRAL BLVD. CITY-ST-ZIP ORLANDO, FL. 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME STEFFY, JOHN STREET ADDRESS 322 E CENTRAL BLVD CITY-ST-ZIP ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete		TITLE P NAME JOHN STEFFEY STREET ADDRESS 322 E. CENTRAL BLVD. CITY-ST-ZIP ORLANDO, FL. 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>As agent for Lake Eola Condomin</b> <b>5-1-06</b> <b>407-426-9500</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small> <b>Asim M. Azam</b> <b>Assoc., Inc.</b>					