

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08553

1. Entity Name

WATERFORD LAKES COMMUNITY ASSOCIATION, INC.

FILED

Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90247 016 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 453 MARK TWAIN BLVD ORLANDO, FL 32828		Mailing Address 453 MARK TWAIN BLVD ORLANDO FL 32828	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2643089		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PENN FIRST MANAGEMENT, INC. 453 MARK TWAIN BLVD. ORLANDO FL 32828		7. Name and Address of New Registered Agent Name Street Address (P.O.-Box Number is Not Acceptable) City FL Zip Code	
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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.

SIGNATURE

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
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIGGINS, LUCILLE 503 RIOMAR AVE ORLANDO FL 32828 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POULIN, HELENE 808 FERRY LANDING LANE ORLANDO FL 32828 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Nessera, Fred 12911 River Meadows Ct Orlando, FL 32828 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATKINSON, ANTHONY 13614 CRYSTAL RIVER ORLANDO FL 32828 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WITMER, JAMES 749 COVE HOLLOW LANE ORLANDO FL 32828 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Mason, Damar 12804 Lower River Blvd. Orlando, FL 32828 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

HCA Board of Directors

President	<u>Name</u> Luci Higgins
Vice President	Tony Atkinson
Secretary	Fred Nesseralla
Treasurer	Damon Mason
Member	Jim Witmer

<u>Meetings</u>	3rd Wednesday(Jan)
Annual	3rd Wednesday 7:00pm
Board	

Attachment
Document #
N08553
822036