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

FILED
Aug 04, 2003 8:00 am
Secretary of State
08-04-2003 90138 047 ****61.25

DOCUMENT # N08553

1. Entity Name
WATERFORD LAKES COMMUNITY ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

90148604

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2. Principal Place of Business	3. Mailing Address
453 MARK TWAIN BLVD.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FL	City & State
Zip: 32828 Country	Zip Country

4. FEI Number 59-2643089 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. **Name and Address of Current Registered Agent**

Name: DON ASHER & ASSOCIATES, INC.

Street Address (P.O. Box Number is Not Acceptable): 52 EAST SOUTH ST.

City: ORLANDO **FL** Zip Code: 32801

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

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	PD
NAME	JOSEPH ALVAREZ
STREET ADDRESS	848 JADESTONE CIRCLE
CITY-ST-ZIP	ORLANDO FL 32828
TITLE	VPD
NAME	PATRICK CAREY
STREET ADDRESS	13607 BLUEWATER CIRCLE
CITY-ST-ZIP	ORLANDO FL 32828
TITLE	SD
NAME	FERNANDO SANTOS
STREET ADDRESS	13561 CRYSTAL RIVER DRIVE
CITY-ST-ZIP	ORLANDO FL 32828
TITLE	TD
NAME	BRIAN McCRARY
STREET ADDRESS	13743 BLUEWATER CIRCLE
CITY-ST-ZIP	ORLANDO FL 32828
TITLE	D
NAME	ALVIN LITTLE
STREET ADDRESS	220 LEXINGDALE DRIVE
CITY-ST-ZIP	ORLANDO FL 32828
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ JOSEPH ALVAREZ 407-380-3803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #