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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N41484

1. Corporation Name

WATERFORD LAKES TRACT N-8 NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

52 E SOUTH STR
ORLANDO FL 32801
US

Mailing Address

52 E SOUTH STR
ORLANDO FL 32801
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	12/31/1990
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3053821
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	☐ \$8.75 Additional Fee Required
	29	6. Election Campaign Financing
	30	Trust Fund Contribution
		☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DON ASHER & ASSOCIATES INC
52 E SOUTH STR
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D. ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DABROWSKI, EDWARD	1.2 NAME	
STREET ADDRESS	12818 FORESTEDGE CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32828	1.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KOACH, JOHN	2.2 NAME	
STREET ADDRESS	12850 FORESTEDGE CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32828	2.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SCIARABBA, PETE	3.2 NAME	
STREET ADDRESS	12971 FORESTEDGE CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32828	3.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PROUT, OTILIE	4.2 NAME	
STREET ADDRESS	12719 FORESTEDGE CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FREZEN, JACK	5.2 NAME	
STREET ADDRESS	851 LAURELCREST DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32828	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE RECORDED M. Prout 2/22/99 (407) 425-4561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)