2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41484

1. Entity Name

WATERFORD LAKES TRACT N-8 NEIGHBORHOOD ASSOCIATI

FILED
Apr 18, 2000 8:00 am
Secretary of State
04-18-2000 90231 006 ****61.25

Principal Place of Business	Mailing Address
52 E SOUTH STR ORLANDO FL 32801 US	52 E SOUTH STR ORLANDO FL 32801-3308 US

DO NOT WRITE IN THIS SPACE

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 59-3053821 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DON ASHER & ASSOCIATES INC 52 E SOUTH STR ORLANDO FL 32801	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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.

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	DV DABROWSKI, EDWARD 12818 FORESTEDGE CIRCLE ORLANDO FL 32828	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KOACH, JOHN 12850 FORESTEDGE CIRCLE ORLANDO FL 32828	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition SD Skarphol, Patricia D 12975 Forestedge Circle Orlando, FL 32828
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCIARABBA, PETE 12971 FORESTEDGE CIRCLE ORLANDO FL 32828	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PROUT, OTTILIE 12719 FORESTEDGE CIRCLE ORLANDO FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition PD Frizen, Jack 851 Laurelcrest orlando, FL 32829
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FRIZEN, JACK 851 LAURELCREST DRIVE ORLANDO FL 32828	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition TD Dabrowski, Ed 12818 Forestedge Circle Orlando, FL 32828
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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 4/11/00 (407) 425-4561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #