

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41484

1. Entity Name

WATERFORD LAKES TRACT N-8 NEIGHBORHOOD ASSOCIATI

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

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 SD ☐ Delete
NAME SKARPHOL, PATRICIA
STREET ADDRESS 12975 FOREST EDGE CIRCLE
CITY-ST-ZIP ORLANDO FL 32828

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME KOACH, JOHN
STREET ADDRESS 12850 FORESTEDGE CIRCLE
CITY-ST-ZIP ORLANDO FL 32828

TITLE T/D ☒ Change ☐ Addition
NAME Joye Clontz
STREET ADDRESS 12815 Forestedge Circle
CITY-ST-ZIP Orlando, FL 32828

TITLE PD ☐ Delete
NAME FRIZEN, JACK
STREET ADDRESS 851 LAURELCREST
CITY-ST-ZIP ORLANDO FL 32829

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME DABROWSKI, ED
STREET ADDRESS 12818 FORESTEDGE CIRCLE
CITY-ST-ZIP ORLANDO FL 32828

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V/D ☐ Change ☒ Addition
NAME Dean Dobbs
STREET ADDRESS 12811 Forestedge Circle
CITY-ST-ZIP Orlando, FL 32828

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Patricia Skarphol

4/16/01

407/425-4561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)