

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

N41484

DOCUMENT # N41484

1. Entity Name
WATERFORD LAKES TRACT N-8 NEIGHBORHOOD
ASSOCIATION, INC.



06 MAR 22 AM 11:28

Principal Place of Business
5401 S. KIRKMAN RD.
STE. 450
ORLANDO, FL 32819 US

Mailing Address
5401 S. KIRKMAN RD.
STE. 450
ORLANDO, FL 32819 US

TALL HALL FLORIDA
66004185



3/8/06 90184 022 \$61.25
01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

COMMUNITY MANAGEMENT PROFESSIONALS INC.
5401 KIRKMAN RD., STE. 450
ORLANDO, FL 32819

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FINE, MILLIE 815 LAURELCREST DR ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT BROWN, ROBERT 12807 FORESTEDGE CIRCLE ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SMITH, ALAN 12818 FORESTEDGE CIRCLE ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Robert G. Brown ROBERT G. BROWN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/06 407-247-6062
Date Daytime Phone #