

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

02-08-2001 90176 028 ****61.25

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1. Entity Name

WATERFORD LAKES TRACT N-33 NEIGHBORHOOD ASSOCIAT

Principal Place of Business

**453 MARK TWAIN BLVD
ORLANDO FL 32828**

Mailing Address

**453 MARK TWAIN BLVD
ORLANDO FL 32828**

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

59-3203281

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**PENN FIRST MANAGEMENT, INC.
453 MARK TWAIN BLVD
ORLANDO FL 32828**

7. Name and Address of New Registered Agent

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

TITLE	SD	☒ Delete
NAME	STASIK, CYNTHIA	
STREET ADDRESS	433 LEXINGDALE DR	
CITY-ST-ZIP	ORLANDO FL 32828	

TITLE	P	☒ Delete
NAME	BONTRAGER, T.	
STREET ADDRESS	232 LEXINGDALE DR	
CITY-ST-ZIP	ORLANDO FL 32828	

TITLE	TDD	☒ Delete
NAME	FERGUSON, L	
STREET ADDRESS	429 LEXINGDALE DR	
CITY-ST-ZIP	ORLANDO FL 32828	

TITLE	D	☒ Delete
NAME	MORRISON, J A	
STREET ADDRESS	438 LEXINGDALE DR	
CITY-ST-ZIP	ORLANDO FL 32828	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Change ☐ Addition
NAME	TOM BONTRAGER	
STREET ADDRESS	232 LEXINGDALE DR	
CITY-ST-ZIP	ORLANDO FL 32828	

TITLE	VP D	☒ Change ☐ Addition
NAME	HOUSTON GRIFFIN	
STREET ADDRESS	501 LEXINGDALE DR	
CITY-ST-ZIP	ORLANDO, FL 32828	

TITLE	SD	☒ Change ☐ Addition
NAME	CINDY STASIK	
STREET ADDRESS	433 LEXINGDALE DR	
CITY-ST-ZIP	ORLANDO, FL 32828	

TITLE	TD	☒ Change ☐ Addition
NAME	LOWELL FERGUSON	
STREET ADDRESS	429 LEXINGDALE DR	
CITY-ST-ZIP	ORLANDO, FL 32828	

TITLE	D	☒ Change ☐ Addition
NAME	SHAWN DENNEHY	
STREET ADDRESS	404 LEXINGDALE DR	
CITY-ST-ZIP	ORLANDO, FL 32828	

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)