2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 19, 2004 8:00 am Secretary of State 04-19-2004 90357 034 ****61.25

DOCUMENT # N9200000847 1. Entity Name WATERFORD LAKES TRACT N-33 NEIGHBORHOOD ASSOCIATION, INC. PENN PENN				04-19-20	04 90357 034 ****61	25	
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R. Principal Place of Business 3. Mailing Address tenn First Baye Management Inc. 498 Palm Springs.		Dnic					
Suite Apt.	Springs Drive Sute 235	Suite, Apt. #, etc. # 3.35		03232004 Chg-NP 4. FEI Number	CR2E037 (10/03)	lied For	
Attomante	()	Altamonte Sonnas	FL	59-3203281		Applicable	
Zip	Country		Country	5. Certificate of Status Desired	¢9.75	`	
<u>-3270(~</u>		39701	<u></u>		Fed Required		
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of Nev	v Registered Agent		
PENN FIR	ST MANAGEMENT, INC.			Name James Boyle			
1813 N. D	EAN RD.		Street Address	Street Adfiress (P.Q-Box Number is Not Acceptable)			
ORLANDO	D, FL 32817		418 1011	n Springs Unive	Juste ass		
		/	City	ak is Soma	FL 3270	,	
8. The above named entity submittaining stakement for the purpose of changing its registered office or registered agent, or both in the State of Florida. I am familiar with, and account of the state of Florida. I am familiar with, and account of the state of Florida.						nd accept	
the obligations of registered agent.							
(/_1//2/)							
SIGNATURE				- , 0	<u>/</u>		
SIGNATURE	Signature typed or printed parts of registered agent a	and trile if applicable. (NOTE: Regist	tered Agent signature require	d when reinstating)	DATE		
	Signature hybed or printed parties is registered permit Filling Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Trust Fund Contrib	n Financing	\$5.00 May Be	DATE Make check payable to orida Department of Sta	te	
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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 suppliemental 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 propowered.

CITY-ST-ZIP

SIGNATURE: ___

ORLANDO, FL 32828

CITY-ST-ZIP