2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT # N92000000847

1. Entity Name
WATERFORD LAKES TRACT N-33 NEIGHBORHOOD ASSOCIATION, INC.
PENN PENN

Principal Place of Business	Mailing Address
~~PEEN~~ FIRST MANAGEMENT INC 1813 N. DEAN RD. ORLANDO, FL 32817	~~PEEN~~ FIRST MANAGEMENT INC 1813 N. DEAN RD. ORLANDO, FL 32817

03232004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Penn First/Boyle Management Inc.	498 Palm Springs Drive
Suite, Apt. #, etc. 498 Palm Springs Drive Suite 235	Suite, Apt. #, etc. #235
City & State Altamonte Springs, FL	City & State Altamonte Springs, FL
Zip / Country 32701 / U.S.	Zip / Country 32701 / U.S.

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	7. Name and Address of New Registered Agent
PENN FIRST MANAGEMENT, INC. 1813 N. DEAN RD. ORLANDO, FL 32817	Name: James Boyle Street Address (P.O. Box Number is Not Acceptable): 498 Palm Springs Drive Suite 235 City: Altamonte Spring FL Zip Code: 32701

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 _____ 4/5/04
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, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BONTRAGER, TOM 232 LEXINGDALE DRIVE ORLANDO, FL 32828	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Vincent Magorrian 906 Lexingdale Drive Orlando, FL 32828	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GRIFFIN, HOUSTON 501 LEXINGDALE DRIVE ORLANDO, FL 32828	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Joey Tew 208 Lexingdale Drive Orlando, FL 32828	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STASIK, CINDY 433 LEXINGDALE DRIVE ORLANDO, FL 32828	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ZAYAS, LORI 429 LEXINGDALE DR. ORLANDO, FL 32828	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEUMANN, PAUL 424 LEXINGDALE DR. ORLANDO, FL 32828	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COWAN, DONNA 213 LEXINGDALE DR. ORLANDO, FL 32828	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

REC'D _____
VENDOR # _____
ASSN # _____
MGR _____
DATE _____
TRANS # _____

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: Houston Griffin 4/16/04 4072490206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #