

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90182 030 ****61.25

DATE 2-1-05
TRANS # 71400 **50022371**



DOCUMENT # N92000000847

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



Principal Place of Business
**PEEN FIRST MANAGEMENT INC
498 PALM SPRINGS DR., STE 235
ALTAMONTE SPRINGS, FL 32701**

Mailing Address
**PEEN FIRST MANAGEMENT INC
498 PALM SPRINGS DR., STE 235
ALTAMONTE SPRINGS, FL 32701**

2. Principal Place of Business
Boyle Management

3. Mailing Address
Same

City & State
Altamonte Springs, FL

Zip
32701

01042005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3203281

Applied For
☐ Not Applicable

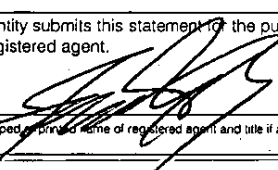
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BOYLE, JAMES
498 PALM SPRINGS DR., STE 235
ALTAMONTE SPRINGS, FL 32701**

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. 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, 2005**

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

Make check payable to
Florida Department of State

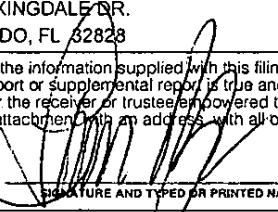
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BONTRAGER, TOM 232 LEXINGDALE DRIVE ORLANDO, FL 32828	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRIFFIN, HOUSTON 501 LEXINGDALE DRIVE ORLANDO, FL 32828	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STASIK, CINDY 433 LEXINGDALE DRIVE ORLANDO, FL 32828	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZAYAS, LORI 429 LEXINGDALE DR. ORLANDO, FL 32828	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGORRIAN, VINCENT 306 LEXINGDALE DR. ORLANDO, FL 32828	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEW, JOE 228 LEXINGDALE DR. ORLANDO, FL 32828	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:  **TOM BONTRAGER** **2-1-05** **407-661-2198**
Signature and typed or printed name of signing officer or director Date Daytime Phone #