# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 03, 2005 8:00 am**
**Secretary of State**
03-03-2005 90182 030 ****61.25

DOCUMENT # N92000000847

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

DATE 2-7-05
TRANS # 71400 50022371

| Principal Place of Business | Mailing Address |
|---|---|
| ~~PEEN FIRST MANAGEMENT~~ INC<br>498 PALM SPRINGS DR., STE 235<br>ALTAMONTE SPRINGS, FL 32701 | ~~PEEN FIRST MANAGEMENT INC~~<br>498 PALM SPRINGS DR., STE 235<br>ALTAMONTE SPRINGS, FL 32701 |

01042005 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Boyle Management<br>Suite, Apt. #, etc. | SAME<br>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 | 7. Name and Address of New Registered Agent |
|---|---|
| BOYLE, JAMES<br>498 PALM SPRINGS DR., STE 235<br>ALTAMONTE SPRINGS, FL 32701 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>BONTRAGER, TOM<br>232 LEXINGDALE DRIVE<br>ORLANDO, FL 32828 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>GRIFFIN, HOUSTON<br>501 LEXINGDALE DRIVE<br>ORLANDO, FL 32828 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>STASIK, CINDY<br>433 LEXINGDALE DRIVE<br>ORLANDO, FL 32828 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>ZAYAS, LORI<br>429 LEXINGDALE DR.<br>ORLANDO, FL 32828 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MAGORRIAN, VINCENT<br>306 LEXINGDALE DR.<br>ORLANDO, FL 32828 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>TEW, JOE<br>228 LEXINGDALE DR.<br>ORLANDO, FL 32828 | ☐ Delete | 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 #