

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90042 036 ****61.25

DOCUMENT # N92000000847 1. Entity Name WATERFORD LAKES TRACT N-33 NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business BOYLE MANAGEMENT 498 PALM SPRINGS DR., STE 235 ALTAMONTE SPRINGS, FL 32701			Mailing Address BOYLE MANAGEMENT 498 PALM SPRINGS DR., STE 235 ALTAMONTE SPRINGS, FL 32701		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04302007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3203281	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$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	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	SD BONTRAGER, TOM 232 LEXINGDALE DR ORLANDO, FL 32828	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Scott Woodlee 441 Lexington Drive Orlando, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRIFFIN, HOUSTON 501 LEXINGDALE DRIVE ORLANDO, FL 32828	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jose Trache 13402 Fordwell Drive Orlando, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STASIK, CINDY 433 LEXINGDALE DR ORLANDO, FL 32828	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Alvin Little 220 Lexington Drive Orlando, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAGORRIAN, VINCENT 306 LEXINGDALE DR. ORLANDO, FL 32828	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hiram Forestier 13411 Bradwater Court Orlando, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEW, JOE 228 LEXINGDALE DR. ORLANDO, FL 32828	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James Davidson 302 Lexington Drive Orlando, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Scott Woodlee 4-26-07 407-509-3129 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					