2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR** 

SIGNATURE:

## Mar 03, 2003 8:00 am **Secretary of State** DOCUMENT # N9200000847 1. Entity Name 03-03-2003 90898 017 \*\*\*\*61.25 WATERFORD LAKES TRACT N-33 NEIGHBORHOOD ASSOCIAT Principal Place of Business Mailing Address 435 MARK TWAIN BEVD 453 MARK TWAIN-BLVD OREANDO PL 32028 ORLANDO FL 32828 2. Principal Place of Business 3. Mailing Address PENN FIRST. PENN FIRST MANAGEMENT INC CHECK HERE IF MAKING CHANGES MANAGEMENT INC 1813 N.DEAN'RD **1813 N.DEAN RD** 4. FEI Number 59-3203281 Applied For ORLANDO FL 32817 ORLANDO FL 32817 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PENN FIRST PENN FIRST MANAGEMENT, INC. MANAGEMENT INC 459 MARK-TWAIN-BLVD-Ortando Pe 32020 **1813 N.DEAN RD** ORLANDO FL 32817 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ΡÑ TITLE TITLE $\mathcal{T} \mathcal{D}$ ☐ Delete Lori Zavas ☐ Change Addition BONTRAGER, TOM NAME NAME 429 Lexingdale Drive 232 LEXINGDALE DRIVE STREET ADDRESS STREET ADDRESS Orlando FT 32828 CITY-ST-ZIE ORLANDO FL 32828 CITY-ST-ZIP **VPD** TITLE Paul Neumann ☐ Delete TITLE D Change Addition NAME Griffin, Houston NAME 424 Lexingdale Drive STREET ADDRESS **501 LEXINGDALE DRIVE** STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32828 Orlando FI-32828-CITY-ST-ZIP --TITLE ☐ Delete TITLE D Donna Cowan ☐ Change Addition NAME STASIK, CINDY NAME 213 Lexmadale Drive STREET ADDRESS 433 LEXINGDALE DRIVE STREET ADDRESS CITY-ST-7IP ORLANDO FL 32828 Orlando Fl 32828 CITY-ST-ZIP TITLE Delete TITLE D Roseanne Hernandez ☐ Change \* Addition NAME DENNEHY, SHAWN NAME STREET ADDRESS 404 LEXINGDALE DRIVE ... 318 Lexingdale Drive STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32828 CITY-ST-ZIP Orlando Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of sustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED