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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000854 (1)

1. Corporation Name

WATERFORD LAKES TRACT N-24 NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2180 W SR 434
SUITE 5000
LONGWOOD FL 32779

2180 W SR 434
SUITE 5000
LONGWOOD FL 32779-5044

3. Date Incorporated or Qualified
12/18/1992

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HART, JAMES W.
C/O SENTRY MANAGEMENT, INC.
2180 W SR 434, SUITE 5000
LONGWOOD FL 32779

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME JAMES H. TOPMILLER
STREET ADDRESS 13043 CRYSTAL COVE DR
CITY-ST-ZIP ORLANDO FL

TITLE VD
NAME TRUDY L. WESTLAKE
STREET ADDRESS 630 WEATHERSCAPE WAY
CITY-ST-ZIP ORLANDO FL

TITLE STD
NAME DANIEL VILLASON
STREET ADDRESS 13049 CRYSTAL COVE DR
CITY-ST-ZIP ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE PD
1.2 NAME Margaret Wilson
1.3 STREET ADDRESS 13013 Crystal Cove Drive
1.4 CITY-ST-ZIP Orlando, FL 32828

2.1 TITLE VD
2.2 NAME Jeffery Trueblood
2.3 STREET ADDRESS 500 Terrace Cove Way
2.4 CITY-ST-ZIP Orlando, FL 32828

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13. If changed, or on an attachment with an address.

MARGARET K. WILSON

3/17/97

CR2E037 (9/96)