

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000854

1. Entity Name

WATERFORD LAKES TRACT N-24 NEIGHBORHOOD ASSOCIAT

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90071 042 ****61.25

Principal Place of Business
1642 WIND DRIFT ROAD
ORLANDO FL 32809

Mailing Address
1642 WIND DRIFT ROAD
ORLANDO FL 32809-6839

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3203282

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MITCHELL, TRACY L
C/O M&M MANAGEMENT PLUS, INC.
1642 WIND DRIFT ROAD
ORLANDO FL 32809

Name

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

109 E. Michigan St.

City Orlando

FL

Zip Code 32806

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.

SIGNATURE

Tracy L Mitchell

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME TRUEBLOOD, JEFFERY
STREET ADDRESS 500 TERRACE COVE WAY
CITY-ST-ZIP ORLANDO FL ☒ Delete

TITLE STD
NAME AMIKER, MARICE
STREET ADDRESS 531 TERRACE COVE WAY
CITY-ST-ZIP ORLANDO FL 32828 ☐ Delete

TITLE VD
NAME SOBIECH, TONY
STREET ADDRESS 642 WATERSCAPE WAY
CITY-ST-ZIP ORLANDO FL 32828 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE STD
NAME Restrepo, Sylvia
STREET ADDRESS 554 Terrace Cove Way
CITY-ST-ZIP Orlando, FL 32828 ☐ Change ☒ Addition

TITLE VPD
NAME Amiker, Marice
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE PD
NAME Sobiech, Tony
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

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

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

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:

Tracy L Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/00 404-840-0492

CR2E037 (9/99)