

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000854

1. Entity Name

WATERFORD LAKES TRACT N-24 NEIGHBORHOOD ASSOCIAT

Principal Place of Business

1642 WIND DRIFT ROAD
ORLANDO FL 32809

Mailing Address

1642 WIND DRIFT ROAD
ORLANDO FL 32809

2. Principal Place of Business

210 Penn First Management, Inc.
Suite, Apt. #, etc.

453 Mark Twain Blvd

Orlando, FL

Zip
32828

Country
USA

3. Mailing Address

210 Penn First Management, Inc.
Suite, Apt. #, etc.

453 Mark Twain Blvd

Orlando, FL

Zip
32828

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3203282

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, TRACY L
709 E MICHIGAN ST
ORLANDO FL 32809

7. Name and Address of New Registered Agent

Name
Lawrence M. Sheeler

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

210 Penn First Management, Inc.

453 Mark Twain Blvd

City
Orlando

FL

Zip Code
32828

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

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

(NOTE: Registered Agent signature required when reinstating)

1/22/01

DATE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
RESTREPO, SYLVIA
554 TERRACE COVE WAY
ORLANDO FL 32828 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SOBIECH, TONY
642 WATERSCAPE WAY
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Amiker, Marice
531 Terrace Cove Way Orlando, FL 32828 ☐ 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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime/Phone #

2/15/01

CR2E037 (10/00)