

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90149 021 ****61.25

DOCUMENT # N92000000854

1. Entity Name

WATERFORD LAKES TRACT N-24 NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**C/O PENN FIRST MANAGEMENT INC
453 MARK TWAIN BLVD
ORLANDO FL 32828
US**

**C/O PENN FIRST MANAGEMENT INC
453 MARK TWAIN BLVD
ORLANDO FL 32828
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3203282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEELER, LAWRENCE M.

**C/O PENN FIRST MANAGEMENT INC
453 MARK TWAIN BLVD
ORLANDO FL 32828**

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **TD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Change ☐ Addition
NAME **Swigent, Carolyn**
STREET ADDRESS **655 Waterscape Way Orlando, FL-32828**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Change ☐ Addition
NAME **Boyles, Bret**
STREET ADDRESS **618 Waterscape Way Orlando, FL-32828**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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 #

CR2E037 (9/01)

ATTACHMENT DOC# N920000000854
741081

Waterford Cove Board of Directors

President	<u>Name</u> Tony Sobiech
Vice President	Carolyn Swigert
Secretary	Bret Boyles
Treasurer	Merice Amiker
Member	Sylvia Restrepo
ARC members	Bernie Higgins Jim Topmiller Gena Boyle

Meetings

Annual	January 2nd Wednesday
Board	2nd Monday Qt.