

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 08, 2005 8:00 am**  
**Secretary of State**

07-15-2005 90019 032 \*\*\*\*61.25

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| <b>DOCUMENT # N92000000854</b>   |   |  |  |  |  |
| <b>1. Entity Name</b><br>WATERFORD LAKES TRACT N-24 NEIGHBORHOOD ASSOCIATION, INC.   |   |  |  |  |  |
| <b>Principal Place of Business</b><br>C/O DON ASHER & ASSOCIATES, INC.<br>453 MARK TWAIN BLVD.<br>ORLANDO, FL 32828 US   |   |  | <b>Mailing Address</b><br>C/O DON ASHER & ASSOCIATES, INC.<br>453 MARK TWAIN BLVD.<br>ORLANDO, FL 32828 US |  |  |
| <b>2. Principal Place of Business</b>  |   | <b>3. Mailing Address</b>  |  |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |  |  |
| City & State   |   | City & State   |  |  |  |
| Zip  | Country   | Zip  | Country  | 01212005 Chg-NP CR2E037 (10/03)                                  |  |
| <b>4. FEI Number</b><br>59-3203282   |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable           |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |   |  |  | <b>\$8.75 Additional Fee Required</b>                            |  |
| <b>6. Name and Address of Current Registered Agent</b>   |   |  | <b>7. Name and Address of New Registered Agent</b>   |  |  |
| DON ASHER & ASSOCIATES, INC.<br>52 EAST SOUTH STREET<br>ORLANDO, FL 32801  |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code                          |  |  |
| <b>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.</b>   |   |  |  |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |  |  |  |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2005</b>  |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>                               |  |
| <b>Make check payable to Florida Department of State</b>   |   |  |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | PD<br>AMIKER, MERICE<br>531 TERRACE COVE WAY<br>ORLANDO, FL 32828     | <input type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                 | PD<br>Boyles, Brett<br>618 Waterscape Way<br>Orlando, FL 32828   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | VPD<br>POLOMSKI, CAROLYN S<br>655 WATERSCAPE WAY<br>ORLANDO, FL 32828 | <input checked="" type="checkbox"/> Delete   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                 | AMIKER, MERICE<br>531 TERRACE COVE WAY<br>Orlando, FL 32828      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | SD<br>BOYLES, BRETT<br>618 WATERSCAPE WAY<br>ORLANDO, FL 32828        | <input type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                 | Deb Fielden SD<br>660 Waterscape Way<br>Orlando, FL 32828        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | John Stefanik VP<br>679 Waterscape Way<br>Orlando FL 32828            | <input type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                 | Rick Ellenburg D<br>13025 Crystal Cove Drive<br>Orlando FL 32828 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>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.</b> |   |  |  |  |  |
| <b>SIGNATURE:</b> _____  |   |  | 5-12-05  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |  | Date Daytime Phone #   |  |  |