


FILED
Jul 25, 2007 8:00 am
Secretary of State

06-04-2007 90010 046 ****61.25

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

6/4

DOCUMENT # N92000000854			
1. Entity Name WATERFORD LAKES TRACT N-24 NEIGHBORHOOD ASSOCIATION, INC.			
Principal Place of Business C/O DON ASHER & ASSOCIATES, INC. 453 MARK TWAIN BLVD. ORLANDO, FL 32828 US		Mailing Address C/O DON ASHER & ASSOCIATES, INC. 453 MARK TWAIN BLVD. ORLANDO, FL 32828 US	
2. Principal Place of Business - No P.O. Box # C/O Don Asher & Assoc 1801 Cook Avenue Orlando FL Zip 32806 Country USA		3. Mailing Address C/O Don Asher & Assoc 1801 Cook Avenue Orlando FL Zip 32806 Country USA	
4. FEI Number 59-3203282		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DON ASHER & ASSOCIATES, INC. 1801 COOK AVE ORLANDO, FL 32806		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
BOYLES, BRETT 618 WATERSCAPE WAY ORLANDO, FL 32828		VP X Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TD AMIKER, MERICE 531 TERRACE COVE WAY ORLANDO, FL 32828		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
S ELLENBURG, RICHARD 13025 CRYSTAL COVE DRIVE ORLANDO, FL 32828		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Carolyn Polomski 655 Waterscape Way Orlando, FL 32828		<input type="checkbox"/> Change X Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
S David Schoger 624 Waterscape Way Orlando, FL 32828		<input type="checkbox"/> Change X Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D Brenda Cherey 13007 Crystal Cove Drive Orlando, FL 32828		<input type="checkbox"/> Change X Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Carolyn Polomski		6/22/07 407-694-9958	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	