2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 08:00 A
Secretary of State

DOCUMENT # N92000000854

1. Entity Name
WATERFORD LAKES TRACT N-24 NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5205 S ORANGE AVENUE, SUITE 206 ORLANDO, FL 32809 US	5205 S ORANGE AVENUE, SUITE 206 ORLANDO, FL 32809 US

DO NOT WRITE IN THIS SPACE

01072008 No Chg-NP CR2E037 (4/06)

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

HOUSE OF MANAGEMENT ENTERPRISES FOR COMMUNITY ASSOCIATIONS, INC.
5205 S ORANGE AVENUE, SUITE 206
ORLANDO, FL 32809

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	BOYLES, BRETT
STREET ADDRESS	618 WATERSCAPE WAY
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	TD
NAME	AMIKER, MERICE
STREET ADDRESS	531 TERRACE COVE WAY
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	P
NAME	POLOMSKI, CAROLYN
STREET ADDRESS	655 WATERSCAPE WAY
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	D
NAME	SCHOGER, DAVID
STREET ADDRESS	624 WATERSCOPE WAY
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	D
NAME	CHEREPY, BRENDA
STREET ADDRESS	13007 CRYSTAL COVE DRIVE
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/15/08-80076-010 61.25

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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, President 1/24/08 407-684-9958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #