

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90142 001 ****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

C/O MAM Management Plus, Inc.
P.O. Box 560648
Orlando, FL 32856-0648

SAME



☒ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

~~SHEELER, LAWRENCE M~~
~~C/O PENN FIRST MANAGEMENT INC~~
~~453 MARK TWAIN BLVD~~
~~ORLANDO FL 32828~~

TRACY L.

TRACY L. Mitchell
709 E. Michigan St.
Orlando, FL 32806

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

Tracy L. Mitchell

TRACY L. Mitchell

1/22/03

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RESTREPO, SYLVIA 554 TERRACE COVE WAY ORLANDO FL 32828 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AMIKER, MARICE 531 TERRACE COVE WAY ORLANDO FL 32828 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Amiker, Marice <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOBIECH, TONY 642 WATERSCAPE WAY ORLANDO FL 32828 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SWIGERT, CAROLYN 655 WATERSCAPE WAY ORLANDO FL 32828 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Swigert Dobinski, Carolyn <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEET, BOYLES 618 WATERSCAPE WAY ORLANDO FL 32828 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Boyles, Brett <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Marice Amiker

1/22/03

417-541-1143

CR2E037 (10/02)