192000000854

(Re	questor's Name)	
(Ad	dress)	
(6.4	d	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Coples	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only

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11/05/03--01026--005 **35.08

OS NOV 21 AM 9:58

WASHER ASSOCIATES, INC.

Don Asher & Associates 52 East South Street Orlando, FL 32801

DATE:10/9/03				
PROPERTY: Waterford LakesTract N-24 Neighborhood Association,Inc.				
PLEASE MAKE CHECK PAYABLE TO THE FOLLOWING:				
NAME: Division Of Corporations				
ADDRESS: P.O.BOX 6327, Tallahassee, FL 32314				
AMOUNT:\$35.00 COA: 07310				
AMOUNT: \$35.00 COA: 07310 DATE TO BE PAID: ASAP MANAGER APPROVAL: Sherri				
PURPOSE: Registered agent change				
COMMENTS:				



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 12, 2003

DON ASHER & ASSOCIATES 52 EAST SOUTH STREET ORLANDO, FL 32801

SUBJECT: WATERFORD LAKES TRACT N-24 NEIGHBORHOOD

ASSOCIATION, INC.

Ref. Number: N92000000854

We have received your document for WATERFORD LAKES TRACT N-24 NEIGHBORHOOD ASSOCIATION, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6882.

Letter Number: 103A00061382

Maryanne Dickey Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502, 602 corporation organized under the laws of the Sta	_	es,
submits the follo the State of Flor	owing statement in order to change its registered ida.	d office or registered agent, or both,	
1. The name of t	the corporation: Waterford Lakes Tract N-24	Neighborhood Association, Inc.	<u> </u>
	ddress of the corporation : C/O Don Asher & /	Associates, Inc.	
453 Mar	rk Twain Blvd., Orlando FL 32828		
3. Date of incorp	poration/qualification: 1992 / 12 / 18 r	Document number: N9200000854	
4. The name and	address of the current registered agent and office	e:	
	Tracy L. Mitchell	₩	
	709 E. Michigan St.	DO NE	
_	Orlando, FL 32806	HAS	7
5. The name and	address of the new registered agent (if changed) (P. O. Box Not Acceptable		: [
Ε	OON ASHER & ASSOCIATES, INC.	100 110 110 110 110 110 110 110 110 110	O
	52 EAST SOUTH STREET	Se DA	
(ORLANDO, FL 32801	<u> </u>	
The street addre	ss of its registered office and the street address ed, will be identical.	of the business office of its registere	:d
Such change wa authorized by th	s authorized by resolution duly adopted by its be board.	oard of directors or by an officer so	
m.	of an officer, chairman or vice chairman of the board)	11-03-03 (Date)	
(Signature o	of an officer, chairman or vice chairman of the board)	(Date)	
mecie	(Printed or typed name and title)	_	
corporation, I he I further agree t	med as registered agent and to accept service of ereby accept the appointment as registered age to comply with the provisions of all statutes relainty duties, and I am familiar with and accept the to	nt and agree to act in this capacity. ttive to the proper and complete	
/	UZ		
(Si	gnature of Registered Agent)	(Dafe)	
If signing on behalf		ACENT	
(T	yped or Printed Name)	(Capacity)	-
(T	S. DEAN ASHER yped or Printed Name)	AGENT (Capacity)	-

* * * FILING FEE: \$35.00 * * *