# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 30, 2006 8:00 am**
**Secretary of State**
05-30-2006 90040 047 ****61.25

DOCUMENT # N93000002938

1. Entity Name
WATERFORD LAKES TRACT N-32 NEIGHBORHOOD ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| DON ASHER & ASSOC.<br>ORLANDO, FL 32801 | 52 E. SOUTH ST.<br>ORLANDO, FL 32801 |

900946O4

04282006 Chg-NP CR2E037 (4/06)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1801 Cook Avenue<br>Suite, Apt. #, etc. | 1801 Cook Avenue<br>Suite, Apt. #, etc. |
| City & State: Orlando Florida | City & State: Orlando Florida |
| Zip: 32806 Country: Orange | Zip: 32806 Country: Orange |

4. FEI Number 59-3203279 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

DON ASHER & ASSOCIATES, INC.
52 E. SOUTH STREET
ORLANDO, FL 32801

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)
1801 Cook Avenue

City: Orlando FL Zip Code: 32806

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 May 1, 2006**

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<br>DIXON, NANCY<br>13530 FORDWELL DR.<br>ORLANDO, FL 32828 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TDS<br>MERCHANT, SAM<br>13527 EMERALDVIEW DRIVE<br>ORLANDO, FL 32828 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>STOFFLET, TERRY<br>13549 FORDWELL DRIVE<br>ORLANDO, FL 32828 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MOTL, CARL<br>516 KELLY GREEN DRIVE<br>ORLANDO, FL 32828 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>HIGGINS, JOHN<br>512 KELLGREEN DR.<br>ORLANDO, FL 32828 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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:** _____ DIRECTOR 5/10/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #