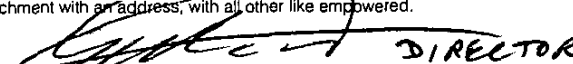


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 DON ASHER & ASSOC. ORLANDO, FL 32801			Mailing Address 52 E. SOUTH ST. ORLANDO, FL 32801		
2. Principal Place of Business 1801 Cook Avenue Suite, Apt. #, etc.		3. Mailing Address 1801 Cook Avenue Suite, Apt. #, etc.		40094604 	
City & State Orlando Florida		City & State Orlando Florida		4. FEI Number 59-3203279	
Zip 32806		Country Orange		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 DIXON, NANCY 13530 FORDWELL DR. ORLANDO, FL 32828	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS MERCHANT, SAM 13527 EMERALDVIEW DRIVE ORLANDO, FL 32828	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STOFFLET, TERRY 13549 FORDWELL DRIVE ORLANDO, FL 32828	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOTL, CARL 516 KELLY GREEN DRIVE ORLANDO, FL 32828	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HIGGINS, JOHN 512 KELLGREEN DR. ORLANDO, FL 32828	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ 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 #					