

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2006 8:00 am
Secretary of State

06-23-2006 90008 031 ****61.25

DOCUMENT # N93000005104					
1. Entity Name WATERFORD LAKES TRACT N-25B NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business BOYLE MANAGEMENT 498 PALM SPRINGS DR STE 235 ALTAMONTE SPRINGS, FL 32701 US			Mailing Address BOYLE MANAGEMENT 498 PALM SPRINGS DR STE 235 ALTAMONTE SPRINGS, FL 32701 US		
2. Principal Place of Business 1801 Cook Avenue Suite, Apt. #, etc.		3. Mailing Address 1801 Cook Avenue Suite, Apt. #, etc.		40096770 	
City & State Orlando Florida		City & State Orlando Florida		4. FEI Number 59-3216457	
Zip 32806		Country Orange		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOYLE, JIM 498 PALM SPRINGS DRIVE #235 ALTAMONTE SPRINGS, FL 32701				7. Name and Address of New Registered Agent Name: <u>Steven D. Asher</u> Street Address (P.O. Box Number is Not Acceptable): 1801 Cook Avenue Orlando FL 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: <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$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 P NAME SANTOS, FERNANDO STREET ADDRESS 13561 CRYSTAL RIVER CITY-ST-ZIP ORLANDO, FL 32828	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE S NAME HIGGINS, MICHAEL STREET ADDRESS 503 RIDMAR AVE. CITY-ST-ZIP ORLANDO, FL 32828	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE TRES NAME WILSON, MELISSA E STREET ADDRESS 13587 CRYSTAL RIVER DR CITY-ST-ZIP ORLANDO, FL 32828	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP NAME PARISH, ORVILLE STREET ADDRESS 626 SEASCAPE AVE CITY-ST-ZIP 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 <input type="checkbox"/> Delete			TITLE Secretary NAME Tom Greenwood STREET ADDRESS 13716 Crystal River Dr CITY-ST-ZIP Orl, FL 32828 <input 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 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 an other like empowered.					
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					