

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2006 8:00 am
Secretary of State

02-01-2006 90012 031 ****61.25

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1. Entity Name

**WATERFORD LAKES TRACT N-31A NEIGHBORHOOD
ASSOCIATION, INC.**



Principal Place of Business

**BOYLE MGMT SVCS
498 PALM SPRINGS DR #235
ALTAMONTE SPRINGS FL 32701**

Mailing Address

**BOYLE MGMT SVCS
498 PALM SPRINGS DR #235
ALTAMONTE SPRINGS FL 32701
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

PREMIER COMMUNITY MANAGERS, INC

City & State **5151 Adanson Ave Suite 99
Orlando, FL 32810**

Suite, Apt. #, etc.

PREMIER COMMUNITY MANAGERS, INC

5151 Adanson Ave Suite 99

City & State **Orlando, FL 32810**

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3255271

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOUSE, GARY
PREMIER COMMUNITY MANAGERS, INC.
1255 BELLE AVE. #167
WINTER SPRINGS FL 32708**

7. Name and Address of New Registered Agent

Name

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

PREMIER COMMUNITY MANAGERS, INC

5151 Adanson Ave Suite 99

City

Orlando, FL 32810

FL

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

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
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

TITLE **VD** ☐ Delete
NAME **CAREY, PATRICK**
STREET ADDRESS **13607 BLUEWATER CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **STD** ☐ Delete
NAME **COZART, CHARLES**
STREET ADDRESS **13661 BLUEWATER CIR**
CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **PD** ☐ Delete
NAME **TAYLOR, BRENT**
STREET ADDRESS **13667 BLUEWATER CR**
CITY-ST-ZIP **ORLANDO FL 32828**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Charles P. Cozart - **CHARLES P. COZART** 1/25/06 407-373-1990