

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90057 019 ****61.25

DOCUMENT # N94000002931

1. Entity Name

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



Principal Place of Business

Mailing Address

**PREMIER COMMUNITY MANAGERS INC
5151 ADANSON AVE STE 99
ORLANDO FL 32810
US**

**PREMIER COMMUNITY MANAGERS INC
5151 ADANSON AVE STE 99
ORLANDO FL 32810
US**



2. Principal Place of Business - No P.O. Box

3. Mailing Address

**PREMIER COMMUNITY MANAGERS INC
5151 ADANSON ST SUITE 103
ORLANDO, FL 32804**

**PREMIER COMMUNITY MANAGERS INC
5151 ADANSON ST SUITE 103
ORLANDO, FL 32804**

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

**HOUSE, GARY
PREMIER COMMUNITY MANAGERS, INC.
5151 ADANSON AVE STE 99
ORLANDO FL 32810**

Name

**PREMIER COMMUNITY MANAGERS INC
5151 ADANSON ST SUITE 103
ORLANDO, FL 32804**

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 restate)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
VD	CAREY, PATRICK	13607 BLUEWATER CIRCLE	ORLANDO FL 32828	<input checked="" type="checkbox"/>
STO TD	COZART, CHARLES	13661 BLUEWATER CIR	ORLANDO FL 32828	<input type="checkbox"/>
PD	TAYLOR, BRENT	13667 BLUEWATER CR	ORLANDO FL 32828	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
UP	Michael J Trimboli	13668 Bluewater Cir	Orlando, FL 32828	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	Robert Michalczuk	13724 Blue Lagoon Way	Orlando, FL 32828	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Janica Carter	13609 Sky Blue CF	Orlando, FL 32828	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/07 407-273-1990