2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Mar 17, 2008 8:00 am
Secretary of State
02-19-2008 90033 034 ****61.25

DOCUMENT # N94000002931

1. Entity Name

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

66003973

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

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
PREMIER COMMUNITY MANAGERS, INC. 5151 ADANSON STREET, SUITE 103 ORLANDO, FL 32804	PREMIER COMMUNITY MANAGERS, INC. 5151 ADANSON STREET, SUITE 103 ORLANDO, FL 32804

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 103 ORLANDO FL 32810	Name Street Address (P.O. Box Number is Not Acceptable) Change All to ST City 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] 1-25-08
(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, 2008

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	VD PD	☐ Delete	TITLE	Treas	☐ Change ☑ Addition
NAME	TRIMBOLI, MICHAEL		NAME	David Blouin	
STREET ADDRESS	13668 BLUEWATER CIR		STREET ADDRESS	13630 Bluewater Ci	
CITY-ST-ZIP	ORLANDO FL 32828		CITY-ST-ZIP	Orlando, FL 32828	
TITLE	TD	☐ Delete	TITLE	Kevin Cuites, Sec.	☐ Change ☑ Addition
NAME	COZART, CHARLES		NAME		
STREET ADDRESS	13661 BLUEWATER CIR		STREET ADDRESS	13578 Bluewater Ci	
CITY-ST-ZIP	ORLANDO FL 32828		CITY-ST-ZIP	Orlando, FL 32828	
TITLE	PP VD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TAYLOR, BRENT		NAME		
STREET ADDRESS	13667 BLUEWATER CR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32828		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MICHALCZAK, ROBERT		NAME		
STREET ADDRESS	13724 BLUELAGOON WAY		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32828		CITY-ST-ZIP		
TITLE	D	☑ Delete	TITLE		☐ Change ☐ Addition
NAME	CARTER, JANICE		NAME		
STREET ADDRESS	13609 SKY BLUE CT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32828		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [signature] 3-13-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #