2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002931

FILED Apr 13, 2009 Secretary of State

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

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Current Principal Place of Business:				New Principal Place of Business:			
	ISON AVE ST	MANAGERS INC E 99 US		PREMIER COMMUNITY MANAGERS INC 5151 ADANSON ST STE 103 ORLANDO, FL 32804 US			
Current Ma	ailing Addres	New Mailing Address:					
PREMIER COMMUNITY MANAGERS INC 5151 ADANSON AVE STE 99 ORLANDO, FL 32810 US				PREMIER COMMUNITY MANAGERS INC 5151 ADANSON ST STE 103 ORLANDO, FL 32804 US			
FEI Number:	59-3255271	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate	e of Status Desired ()
Name and	Address of C	Current Registered Agent:	:	Name and Address of New Registered Agent:			
5151 ADAN ORLANDO,	COMMUNITY ISON ST STE FL 32810 U	JS	ne purpose o	HOUSE, GARY PREMIER COMMUNITY MANAGERS, INC. 5151 ADANSON ST STE 103 ORLANDO, FL 32804 US of changing its registered office or registered agent, or both,			
SIGNATUR						04.	/13/2009
SIGNATOR		nic Signature of Registered	Agent				Pate
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	PD () TRIMBOLI, MIC 13668 BLUEW ORLANDO, FL	ATER CIR		Title: Name: Address: City-St-Zip:		()Change() Addition
Title: Name: Address: City-St-Zip:	VD () TAYLOR, BREN 13667 BLUEW ORLANDO, FL	ATER CR		Title: Name: Address: City-St-Zip:		()Change() Addition
Title: Name: Address: City-St-Zip:	D () MICHALCZAK, 13724 BLUELA ORLANDO, FL	GOON WAY		Title: Name: Address: City-St-Zip:		()Change() Addition
Title: Name: Address: City-St-Zip:	S () CUTES, KEVIN 13528 BLUEW ORLANDO, FL	ATER CIR		Title: Name: Address: City-St-Zip:	CRITES, KE	WATER CIR) Addition
Title: Name: Address: City-St-Zip:	T () BLOUIN, DAVIE 13630 BLUPW, ORLANDO, FL	ATER CIR		Title: Name: Address: City-St-Zip:	BLOUIN, DA	WATER CIR) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J TRIMBOLI PRE 04/13/2009