


FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003762 (1)
1. Corporation Name
WATERFORD LAKES TRACT N-11 NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business 151 SOUTHHALL LANE SUITE 230 MAITLAND FL 32751	Mailing Address 151 SOUTHHALL LANE SUITE 230 MAITLAND FL 32751-7190 US
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3. Date Incorporated or Qualified 07/28/1994	3a. Date of Last Report 05/20/1996
4. FEI Number 59-3256136	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**CENTEX REAL ESTATE CORPORATION
151 SOUTHHALL LANE
SUITE 230
MAITLAND FL 32751**

10. Name and Address of New Registered Agent
81 Name **JACK B. HANSON**
82 Street Address (P.O. Box Number is Not Acceptable) **229 PASADENA PLACE, SUITE 100**
83
84 City **ORLANDO** FL 85 Zip Code **32803**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE *[Signature]* **JACK B. HANSON** DATE **2/26/97**
Signature, typed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KNIGHT, PAT	
STREET ADDRESS	151 SOUTHHALL LANE, SUITE 230	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	ROCHESTER, LAUREL	
STREET ADDRESS	151 SOUTHHALL LANE, SUITE 230	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	TILLEY, WALTER A	
STREET ADDRESS	151 SOUTHHALL LANE, SUITE 230	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STD MATTHAI, KANOLIAD
2.3 STREET ADDRESS	151 SOUTHHALL LANE SUITE 230
2.4 CITY-ST-ZIP	MAITLAND, FL 32751
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4/29/97** **407-661-2150**

CR2E037 (9/96)