2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9400003762

WATERFORD LAKES TRACT N-11 NEIGHBORHOOD ASSOCIAT

Principal Place of Business	Mailing Address	· ·				
2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044	2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779					
2. Principal Place of Business	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.					
City & State	City & State					

FILED Feb 19, 2000 8:00 am Secretary of State

02-19-2000 90015 017 ****61.25

2662200



Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State	e	City & State	 -	4. FEI Numbe	59-3256136	-	Applied For	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 A Fee Requi	dditional	
	6. Name and Address of Current R	egistered Agent		7. Name and	Address of New Registered	Agent		
			Name)	
HART, JAMES W JR.			Street Address (P.O. Box Number is Not Acceptable)					
	MANAGEMENT, INC.							
2180 WEST SR 434, STE. 5000 LONGWOOD FL 32779-5044			City		FL	Zip Co	de	
8. The above	named entity submits this statement for				h, in the state of Florida.			
	Signature, typed or printed name of registered agent an	d title if applicable (NOTE; F	Registered Agent signati	ure required when reinstating)	DAIL			
	FILE NOW: FEE IS \$61.25	9. Election Campaign F Trust Fund Contributi		\$5.00 May Be Added to Fees	Make Check Departmen			
10.	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/CH	ANGES TO OFFICERS AND D	IRECTORS	IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAGAN, JERRY 12986 MARIBOU CIR	⊠ Delete	STREET ADDRESS	PD DUQUETTE, S 12762 Marib Orlando, FL	ou Cir	☐ Change	. ⊠ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ORLANDO FL 32828 TD GOMEZ, ANGEL 12927 MARIBOU CIR	∑ Delete	TITLE NAME STREET ADDRESS	VD DREW, TRACI 12612 Marib Orlando, FI	ou Cir	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMS, GERALDINE 12666 MARIBOU CIRCLE ORLANDO FL 32828	∑3 Delete	TITLE NAME STREET ADDRESS	STD DAWE, DOUGI 12655 Marib Orlando, FI	AS ou Cir	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ORLANDO PE 32828	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with t	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ted in Section 119 07(3)	i). Florida Statutes, I further on	☐ Change		

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: