

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

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90063 010 \*\*\*\*61.25

**DOCUMENT # N95000000340**

1. Entity Name

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



Principal Place of Business

Mailing Address

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

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

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

**59-3292170**

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

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

Name

**PREMIER COMMUNITY MANAGERS, INC.**

Street Address (P.O. Box Number is Not Acceptable)  
**5151 Adanson Street Suite 103**

**Orlando, Florida 32804**

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, 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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	IVERSEN, TOM	
STREET ADDRESS	712 HOLLYBROOK CT	
CITY - ST - ZIP	ORLANDO FL 32828	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STEBBINS, ROBERT	
STREET ADDRESS	825 RIVERS CT	
CITY - ST - ZIP	ORLANDO FL 32828	
TITLE	P	<input type="checkbox"/> Delete
NAME	STYLIANOU, GEORGE	
STREET ADDRESS	831 RIVER CT	
CITY - ST - ZIP	ORLANDO FL 32828	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZAMBOUROS, PAUL	
STREET ADDRESS	812 RIVERS COURT	
CITY - ST - ZIP	ORLANDO FL 32828	
TITLE	FIKKO	<input type="checkbox"/> Delete
NAME	FIKKO, FRANCIS X	
STREET ADDRESS	13831 BLUEWATER CIRCLE	
CITY - ST - ZIP	ORLANDO FL 32828	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Diane L Byrnes	
STREET ADDRESS	13807 Bluewater Cir	
CITY - ST - ZIP	Orlando, FL 32828	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #