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

FILED
May 02, 2008 8:00 am
Secretary of State
05-02-2008 90113 001 ****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 STREET, SUITE 103 ORLANDO, FL 32804	PREMIER COMMUNITY MANAGERS, INC. 5151 ADANSON STREET, SUITE 103 ORLANDO, FL 32804

1st MOORE CR2E037 (10/07)

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 ST. STE 103 ORLANDO FL 32804	Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ 14 APR 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D BYRNES, DIANE 13807 BLUEWATER CIR. ORLANDO FL 32828	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Lawrence Danish 857 Glenpond Ct Orlando, FL 32828	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP STEBBINS, ROBERT 825 RIVERS CT ORLANDO FL 32828	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P STYLIANOU, GEORGE 831 RIVER CT ORLANDO FL 32828	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZAMBOUROS, PAUL 812 RIVERS COURT ORLANDO FL 32828	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FIERKO, FRANCIS X 13831 BLUEWATER CIRCLE ORLANDO FL 32828	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 4-14-08 4-7-686 $7.50