2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001214

FILED Apr 27, 2005 Secretary of State

Entity Name: WATERFORD LAKES TRACT N-22 NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: PENN FIRST MANAGEMENT INC. BOYLE MANAGEMENT SERVICES INC 1813 N. DEAN RD. SUITE 103 498 PALM SPRINGS DR #235 ORLANDO, FL 32817 ALTAMONTE SPRINGS, FL 32701 **Current Mailing Address:** New Mailing Address: PENN FIRST MANAGEMENT INC. BOYLE MANAAGEMENT SERVICES 498 PALM SPRINGS DR #235 1813 N. DEAN RD. SUITE 103 ORLANDO, FL 32817 ALTAMONTE SPRINGS, FL 32701 FEI Number: 59-3379420 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: PENN FIRST MANAGEMENT INC BOYLE, JAMES W 498 PALM SPRINGS DR. 498 PALM SPRINGS DR. #235 #235 ALTAMONTE SPRINGS, FL 32701 US ALTAMONTE SPRINGS, FL 32701 US 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. SIGNATURE: JAMES W. BOYLE 04/27/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SMITH, CHARLENE Name: Name: 13612 LAKEWAY Address: Address: City-St-Zip: ORLANDO, FL 32828 City-St-Zip: Title: () Delete Title: (X) Change () Addition BARTOSAVAGE, BLAINE Name: BARTOSAVAGE, BLAINE Name: Address: 13549 IVE BROOKE LN. Address: 13549 IVY BROOKE LN. City-St-Zip: ORLANDO, FL 32828 City-St-Zip: ORLANDO, FL 32828 Title: VPD () Delete Title: () Change () Addition CLAY, ALVAREZ Name: Name: 757 WATER LAND CT Address: Address: City-St-Zip: ORLANDO, FL 32828 City-St-Zip: () Delete Title: Title: DΡ (X) Change () Addition Name: MASSEY, BILL Name: MASSEY, BILL 603 FOREST GREEN CT. Address: 603 FOREST GREEN CT. Address: City-St-Zip: ORLANDO, FL 32828 City-St-Zip: ORLANDO, FL 32828 Title: () Delete Title: () Change (X) Addition BEHAM, MARY Name: Name: 727 WATERLAND CT Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32828

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BILL MASSEY P 04/27/2005