


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90117 026 ****61.25

DOCUMENT # N96000001214

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



Principal Place of Business
**BOYLE MANAGEMENT SERVICES INC
498 PALM SPRINGS DR #235
ALTAMONTE SPRINGS, FL 32701**

Mailing Address
**BOYLE MANAAGEMENT SERVICES
498 PALM SPRINGS DR #235
ALTAMONTE SPRINGS, FL 32701**



2. Principal Place of Business
House of Mgmt for Comm Assocs, Inc.
Suite, Apt. #, etc.
5205 S. Orange Ave, Ste D

3. Mailing Address
House of Mgmt for Comm Assocs, Inc.
Suite, Apt. #, etc.
5205 S. Orange Ave, Ste D

01052006 Chg-NP CR2E037 (11/05)

City & State
Orlando, Florida

City & State
Orlando, Florida

Zip
32809

Country
USA

Zip
32809

Country
USA

4. FEI Number
59-3379420

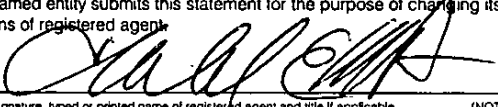
Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**BOYLE, JAMES W
498 PALM SPRINGS DR.
#235
ALTAMONTE SPRINGS, FL 32701**

7. Name and Address of New Registered Agent
Name:
House of Management for Community Associations, Inc.
Street Address (P.O. Box Number is Not Acceptable)
5205 S. Orange Ave, Ste D
City
Orlando FL Zip Code
32809

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  DATE **1/30/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

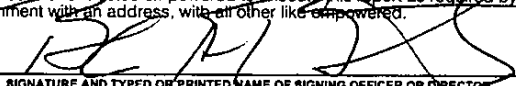
Filing Fee is \$61.25 Due by May 1, 2006

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	SD SMITH, CHARLENE 13612 LAKEWAY ORLANDO, FL 32828 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARTOSAVAGE, BLAINE 13549 IVY BROOKE LN. ORLANDO, FL 32828 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bartosavage, Blaine 13459 Ivy Brooke Lane Orlando, FL 32828 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CLAY, ALVAREZ 757 WATER LAND CT ORLANDO, FL 32828 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Clay, Alvarez 757 Water Land Court Orlando, FL 32828 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MASSEY, BILL 603 FOREST GREEN CT. ORLANDO, FL 32828 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEHAM, MARY 727 WATERLAND CT ORLANDO, FL 32828 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carolyn Skok 620 Forest Green Court Orlando, FL 32828 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  DATE _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR