



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90096 010 ****61.50

DOCUMENT # N96000001214 1. Entity Name WATERFORD LAKES TRACT N-22 NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business HOUSE OF MGMT FOR COMM ASSOCS, INC. 5205 S ORANGE AVE, STE D ORLANDO, FL 32809			Mailing Address HOUSE OF MGMT FOR COMM ASSOCS, INC. 5205 S ORANGE AVE, STE D ORLANDO, FL 32809		
2. Principal Place of Business - No P.O. Box # 5205 S. ORANGE AVENUE Suite, Apt. #, etc. D		3. Mailing Address 5205 S. ORANGE AVENUE Suite, Apt. #, etc. D			
City & State ORLANDO, FL Zip 32809		City & State ORLANDO, FL Zip 32809		4. FEI Number 59-3379420 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOUSE OF MGMT FOR COMM ASSOCS, INC. 5205 S ORANGE AVE, STE D ORLANDO, FL 32809			7. Name and Address of New Registered Agent Name HOUSE OF MANAGEMENT ENTERPRISES FOR COMMUNITY ASSOCIATIONS, INC. Street Address (P.O. Box Number is Not Acceptable) 5205 S. ORANGE AVENUE, SUITE D City ORLANDO		
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.			FL Zip Code 32809		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DV CHARLENE SMITH 13612 LAKES WAY ORLANDO, FL 32828	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARTOSAVAGE, BLAINE 13459 IVY BROOKE LN ORLANDO, FL 32828	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BLAINE BARTOSAVAGE 13459 IVY BROOKE LANE ORLANDO, FL 32828	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAY, ALVAREZ 757 WATER LAND CT ORLANDO, FL 32828	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CAROLYN SKOK 620 FORESTGREEN COURT ORLANDO, FL 32828	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKOK, CAROLYN 620 FOREST GREEN CT ORLANDO, FL 32828	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARY BEHAN 727 WATERLAND COURT ORLANDO, FL 32828	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Blaine A. Bartosavage - 14-07 407-493-7241