


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2008 8:00 am**  
**Secretary of State**

02-26-2008 90002 034 \*\*\*\*61.25

<b>DOCUMENT # N96000001214</b>					
<b>1. Entity Name</b> WATERFORD LAKES TRACT N-22 NEIGHBORHOOD ASSOCIATION, INC.					
<b>Principal Place of Business</b> HOUSE OF MGMT FOR COMM ASSOCS, INC. 5205 S ORANGE AVE, STE <del>8</del> ORLANDO, FL 32809			<b>Mailing Address</b> HOUSE OF MGMT FOR COMM ASSOCS, INC. 5205 S ORANGE AVE, STE <del>8</del> ORLANDO, FL 32809		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc. <i>SUITE 206</i>		Suite, Apt. #, etc. <i>SUITE 206</i>			
City & State		City & State			
Zip	Country	Zip	Country		
<b>4. FEI Number</b> 59-3379420			Applied For <input type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>  HOUSE OF MGMT FOR COMM ASSOCS, INC. 5205 S ORANGE AVE, STE <del>8</del> <i>206</i> ORLANDO, FL 32809			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>      Zip Code                 </div>		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV 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	DP BARTOSAVAGE, BLAINE 13459 IVY BROOKE LN 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	D CLAY, ALVAREZ 757 WATER LAND CT ORLANDO, FL 32828 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENDA HOYER 13507 IVY BROOKE LANE ORLANDO, FL 32828 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SKOK, CAROLYN 620 FOREST GREEN CT 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	DS BEHAN, MARY 727 WATERLAND COURT 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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i>			Date: <i>2/18/08</i> Daytime Phone #: <i>407-655 8609</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					