2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2012
Secretary of State

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

Current Principal Place of Business:

HOUSE OF MGMT ENT. FOR COMM ASSOC, INC.
5756 S. SEMORAN BLVD.
ORLANDO, FL 32822

New Principal Place of Business:

Current Mailing Address:

HOUSE OF MGMT ENT. FOR COMM ASSOC., INC.
5756 S. SEMORAN BLVD.
ORLANDO, FL 32822

New Mailing Address:

FEI Number: 59-3379420 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOUSE OF MGMT ENT. FOR COMM. ASSOC., INC.
5756 S. SEMORAN BLVD.
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SMITH, CHARLENE
Address: 5756 S SEMORAN BLVD
City-St-Zip: ORLANDO, FL 32822

Title: VPTD
Name: BEHAN, MARY
Address: 5756 S SEMORAN BLVD
City-St-Zip: ORLANDO, FL 32822

Title: D
Name: HOYER, BRENDA
Address: 5756 S SEMORAN BLVD
City-St-Zip: ORLANDO, FL 32822

Title: TR
Name: SKOKE, PAUL
Address: 5756 S SEMORAN BLVD
City-St-Zip: ORLANDO, FL 32822

I hereby 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 all other like empowered.

SIGNATURE: CHARLENE SMITH PD 02/27/2012

Electronic Signature of Signing Officer or Director — Date