

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2007 8:00 am
Secretary of State

05-31-2007 90001 008 ****61.25

DOCUMENT # N96000001892	
1. Entity Name WATERFORD LAKES TRACT N-27 NEIGHBORHOOD ASSOCIATION, INC.	

Principal Place of Business 453 MARK TWAIN BLVD ORLANDO, FL 32828 US	Mailing Address 453 MARK TWAIN BLVD ORLANDO, FL 32828 US
--	--

2. Principal Place of Business, No P.O. Box # 1801 Cook Avenue Suite, Apt. #, etc.	3. Mailing Address 1801 Cook Avenue Suite, Apt. #, etc.
---	--

City & State Orlando Florida	City & State Orlando Florida
Zip 32806	Zip 32806
Country Orange	Country Orange

40119143 *CR 10200*



05072007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent DON ASHER & ASSOCIATES, INC. 1801 COOK AVENUE ORLANDO, FL 32806	
---	--

4. FEI Number 59-3444772	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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

Filing Fee is \$61.25 Due by September 14, 2007	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	PD LOPEZ, ALFRED 908 ROSINIA CT ORLANDO, FL 32828 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD SAMOCKI, KIMBERLY 14006 LAKE UNDERHILL RD ORLANDO, FL 32828 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VARGAS, OSCAR 933 ROSINIA CT ORLANDO, FL 32828 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 # _____