

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90019 015 ****61.25

DOCUMENT # N96000001892

1. Entity Name
**WATERFORD LAKES TRACT N-27 NEIGHBORHOOD
ASSOCIATION, INC.**



Principal Place of Business
**1801 COOK AVE.
ORLANDO, FL 32806 US**

Mailing Address
**1801 COOK AVE.
ORLANDO, FL 32806 US**

CH# 10322

50005636



DO NOT WRITE IN THIS SPACE

04242008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3444772

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DON ASHER & ASSOCIATES, INC.,
1801 COOK AVENUE
ORLANDO, FL 32806**

**DO NOT WRITE
IN THIS SPACE**

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]
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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LOPEZ, ALFRED 908 ROSINIA CT ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD SAMOCKI, KIMBERLY 14006 LAKE UNDERHILL RD ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD VARGAS, OSCAR 933 ROSINIA CT ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 #

4/26/08