

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90119 025 ****61.25

DOCUMENT # N97000002981

1. Entity Name
WATERFORD LAKES TRACT N-23B NEIGHBORHOOD
ASSOCIATION, INC.



Principal Place of Business
PENN FIRST MANAGEMENT INC
1813 N. DEAN RD.
ORLANDO, FL 32817

Mailing Address
PENN FIRST MANAGEMENT INC
1813 N. DEAN RD.
ORLANDO, FL 32817

DATE 2-23-05
TRANS # 71400 **50029426**



2. Principal Place of Business
Boyle Management

3. Mailing Address
498 Palm Springs DR

Suite, Apt. #, etc.
235

Suite, Apt. #, etc.
Same

02152005 Chg-NP CR2E037 (10/03)

City & State
Altamonte Springs FL

City & State

Zip
32701

Country
USA

Zip

Country

4. FEI Number
59-3475161

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PENN FIRST MANAGEMENT INC
498 PALM SPRINGS DRIVE #235
ALTAMONTE SPRINGS, FL 32701

7. Name and Address of New Registered Agent

Name
Jim Boyle

Street Address (P.O. Box Number is Not Acceptable)
Same

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]

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, 2005**

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	D MORRELL, FRANK 13561 LAKERS 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	VD SPITERI, ROBERT 13731 SUNSHOWERS CIR. ORLANDO, FL 32828 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>President</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RIVERA, NANCY 13632 SUNSHOWERS CIR. ORLANDO, FL 32828 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>Secretary</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUIMOND, THOMAS 13719 SUNSHOWERS CIR. 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 <u>Vice President</u> <u>Michael Perkins</u> <u>13644 Sunshowers Cir</u> <u>Orlando FL 32828</u>
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robert S. Spiteri **Robert S. Spiteri** 2/15/05 407-281-7650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #