

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90404 029 \*\*\*\*61.25

**2005 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # N98000002433**  
 1. Entity Name  
 WATERFORD LAKES PARCEL 9 PROPERTY OWNERS  
 ASSOCIATION, INC.



ASSN 101  
 MGR 4-12-05  
 DATE 4-12-05  
 TRANS # 71408



Principal Place of Business  
 PENN FIRST MGT. INC.  
 498 PALM SPRINGS DRIVE  
 ALTAMONTE SPRINGS, FL 32701

Mailing Address  
 PENN FIRST MGT. INC.  
 498 PALM SPRINGS DRIVE  
 ALTAMONTE SPRINGS, FL 32701

2. Principal Place of Business  
 Boyle Management  
 Suite, Apt. #, etc. 235

3. Mailing Address  
 SAME  
 Suite, Apt. #, etc.

City & State  
 SAME

City & State

Zip  
 SAME

Country  
 USA

Zip

Country

01042005 Chg-NP CR2E037 (10/03)

4. FEI Number  
 59-3455671

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

BOYLE, JAMES  
 498 PALM SPRINGS DRIVE, STE 235  
 ALTAMONTE SPRINGS, FL 32701

Name  
 SAME

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

**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	PD	<input type="checkbox"/> Delete
NAME	SHEELER, LAWRENCE M	
STREET ADDRESS	1813 N. DEAN RD., #103	
CITY-ST-ZIP	ORLANDO, FL 32817	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GILMORE, KAREN	
STREET ADDRESS	1813 N. DEAN RD. 103	
CITY-ST-ZIP	ORLANDO, FL 32817	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOURES, JAMES	
STREET ADDRESS	1813 N. DEAN RD, 103	
CITY-ST-ZIP	ORLANDO, FL 32817	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: James Bours 4/14/05 (847)486-9781 x2  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

AM  
 4/13/05