

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90021 031 ****61.25

DOCUMENT # N98000005015

1. Entity Name

**BROOKEHAVEN AT WATERFORD HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business

C/O PENN FIRST MANAGEMENT INC
1813 N DEAN RD STE 103
ORLANDO FL 32817

Mailing Address

C/O PENN FIRST MANAGEMENT INC
1813 N DEAN RD STE 103
ORLANDO FL 32817
US

2. Principal Place of Business

PENN FIRST - BOYLE MGMT

3. Mailing Address

PENN FIRST - BOYLE MGMT

Suite, Apt. #, etc.

498 Palm Spgs Dr. #235

Suite, Apt. #, etc.

498 Palm Spgs Dr. #235

City & State

Altamonte Spgs FL

City & State

Altamonte Spgs, FL

Zip

32701

Country

USA

Zip

32701

Country

USA

6. Name and Address of Current Registered Agent

**SHEELER, LAWRENCE
C/O PENN FIRST MANAGEMENT INC.
1813 N DEAN RD STE 103
ORLANDO FL 32817**

7. Name and Address of New Registered Agent

Name

PENN FIRST - BOYLE MANAGEMENT INC

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

498 Palm Spgs, Dr. Suite 235

City

Altamonte Spgs FL

Zip Code

32701

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

TITLE **D** ☒ Delete
NAME **HALL, GEORGE**
STREET ADDRESS **542 HARDWOOD CIRCLE**
CITY - ST - ZIP **ORLANDO FL 32828**

TITLE **PD** ☒ Delete
NAME **FIRMINT, LYNN**
STREET ADDRESS **569 HARDWOOD CIRCLE**
CITY - ST - ZIP **ORLANDO FL 32828**

TITLE **VPD3** ☒ Delete
NAME **KEENER, TAMARA**
STREET ADDRESS **546 HARDWOOD CIRCLE**
CITY - ST - ZIP **ORLANDO FL 32828**

TITLE **TD** ☒ Delete
NAME **SCOTT, BARRY**
STREET ADDRESS **630 GUARDWOOD CIRCLE**
CITY - ST - ZIP **ORLANDO FL 32828**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition
NAME **James Dettmer Jr.**
STREET ADDRESS **639 Hardwood Cir.**
CITY - ST - ZIP **Orlando, FL 32828**

TITLE **S/T** ☐ Change ☒ Addition
NAME **Javier Montenegro**
STREET ADDRESS **627 Hardwood Circle**
CITY - ST - ZIP **Orlando, FL 32828**

TITLE **V** ☐ Change ☒ Addition
NAME **Paul Shaughnessy**
STREET ADDRESS **728 Hardwood Cir.**
CITY - ST - ZIP **Orlando, FL 32828**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ 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:

JAVIER MONTENEGRO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #