FILED
Apr 22, 2003 8:00 am
Secretary of State
04-07-2003 90980 043 ****61.25

4/7/

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005015

1. Entity Name
BROOKEHAVEN AT WATERFORD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O PENN FIRST MANAGEMENT INC ~~813 N DEAN RD STE 103~~ ORLANDO, FL 32817	C/O PENN FIRST MANAGEMENT INC ~~813 N DEAN RD STE 103~~ ORLANDO, FL 32817 US

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 1813 N DEAN RD, STE 103	Suite, Apt. #, etc.: 1813 N. DEAN RD #103
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-3578375 ☐ 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
~~SHEELER, LAWRENCE~~ C/O PENN FIRST MANAGEMENT INC. 1813 N DEAN RD STE 103 ORLANDO, FL 32817	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] LAWRENCE SHEELER PRESIDENT 2/28/03
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when submitting.) DATE

FILE NOW. FEE IS $61.25

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	~~PRD~~ HALL, GEORGE 642 HARDWOOD CIRCLE ORLANDO, FL 32828 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P~~ FIRMENT, LYNN 669 HARDWOOD CIRCLE ORLANDO, FL 32828 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S VPRF~~ KEENER, TAMARA 646 HARDWOOD CIRCLE ORLANDO, FL 32828 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~T~~ SCOTT, BARRY 630 GUARDWOOD CIRCLE ORLANDO, FL 32828 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ☑ 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

CR2E037 (10/02)

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: [signature] Lynn E. Firment 4/1/03 407.823.7476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #