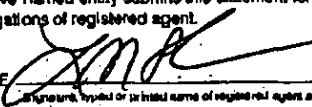
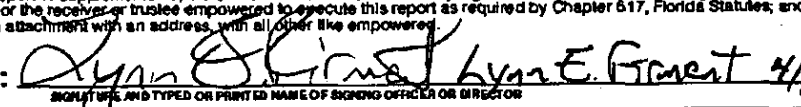


FILED
Apr 22, 2003 8:00 am
Secretary of State

4/7/

04-07-2003 90980 043 ****61.25

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

DOCUMENT # N98000005015			
1. Entity Name BROOKEHAVEN AT WATERFORD HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business C/O PENN FIRST MANAGEMENT INC 813 N DEAN RD STE 103 ORLANDO, FL 32817		Mailing Address C/O PENN FIRST MANAGEMENT INC 813 N DEAN RD STE 103 ORLANDO, FL 32817 US	
2. Principal Place of Business Suite, Apt. #, etc. 1813 N DEAN RD STE 103 City & State		3. Mailing Address Suite, Apt. #, etc. 1813 N. DEAN RD #103 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 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 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  LAWRENCE SHEELER PRESIDENT 2/28/03 (NOTE: Registered Agent signature required when submitting)			
FILE NOW! FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PRD NAME HALL, GEORGE STREET ADDRESS 642 HARDWOOD CIRCLE CITY-ST-ZIP ORLANDO, FL 32828 ☐ Delete		TITLE D NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition	
TITLE P NAME FIRMINT, LYNN STREET ADDRESS 669 HARDWOOD CIRCLE CITY-ST-ZIP ORLANDO, FL 32828 ☐ Delete		TITLE PD NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition	
TITLE VPR NAME KEENER, TAMARA STREET ADDRESS 646 HARDWOOD CIRCLE CITY-ST-ZIP ORLANDO, FL 32828 ☐ Delete		TITLE VPR NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition	
TITLE T NAME SCOTT, BARRY STREET ADDRESS 630 GUARDWOOD CIRCLE CITY-ST-ZIP ORLANDO, FL 32828 ☐ Delete		TITLE TD 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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:  Lynn E. Forest 4/1/03 407 823 7476 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			