

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000003482

**Entity Name:** WATERFORD PLACE P.O.A., INC.

**Current Principal Place of Business:**

1339 N CARNEVALE TER  
LECANTO, FL 34461

**Current Mailing Address:**

1339 N CARNEVALE TER  
LECANTO, FL 34461

**FEI Number: 59-3649552**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PHILLIPS CPA SERVICES, LLC  
1339 N CARNEVALE TER  
LECANTO, FL 34461 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name CARLSON, ROGER M  
Address 76 W. GLEN ARBOR LN.  
City-State-Zip: HERNANDO FL 34442

Title VP  
Name RUBEN, PAMELA  
Address 2299 N. OVERLOOK PATH  
City-State-Zip: HERNANDO FL 34442

Title T  
Name WHITE, ROBERT  
Address 2263 N OVERLOOK PATH  
City-State-Zip: HERNANDO FL 34442

Title S  
Name ERB, DIANNE  
Address 2373 N HICKORY GLEN PT  
City-State-Zip: HERNANDO FL 34442

Title D  
Name MARIC, LEO  
Address 2224 N OVERLOOK PATH  
City-State-Zip: HERNANDO FL 34442

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ROGER CARLSON**

**PRES**

**04/18/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date