

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006153

**Entity Name:** WATERFORD CHASE EAST HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 23, 2017**  
**Secretary of State**  
**CC0106485883**

**Current Principal Place of Business:**

2680 WILLOW DROP WAY  
OVIEDO, FL 32766

**Current Mailing Address:**

1809 E. BROADWAY  
SUITE 408  
OVIEDO, FL 32675 US

**FEI Number: 59-3714093**

**Certificate of Status Desired: No**

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

NEXUS COMMUNITY MANAGEMENT, LLC  
2680 WILLOW DROP WAY  
OVIEDO, FL 32766 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 DIRECTOR  
Name REUTER, WILLIAM H  
Address 1809 E. BROADWAY  
SUITE 408  
City-State-Zip: OVIEDO FL 32675

Title PRESIDENT  
Name REBER, JOHN C  
Address 1809 E. BROADWAY  
SUITE 408  
City-State-Zip: OVIEDO FL 32675

Title TREASURER  
Name MELANSON, SCOTT E.  
Address 1809 E. BROADWAY  
SUITE 408  
City-State-Zip: OVIEDO FL 32675

Title VP  
Name MEISTER, DAVID  
Address 1809 E. BROADWAY  
SUITE 408  
City-State-Zip: OVIEDO FL 32675

Title SECRETARY  
Name MAZOUZI, AMAL  
Address 1809 E. BROADWAY  
SUITE 408  
City-State-Zip: OVIEDO FL 32675

*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: AMAL MAZOUZI**

**SECRETARY**

**04/23/2017**

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

\_\_\_\_\_  
Date