

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000007290

**FILED**  
**Mar 25, 2015**  
**Secretary of State**  
**CC6907578971**

**Entity Name:** WATERFORD OAKS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

9513 WATERFORD OAKS BLVD  
WINTER HAVEN, FL 33884

**Current Mailing Address:**

6039 CYPRESS GARDENS BLVD  
PMB 524  
WINTER HAVEN, FL 33884

**FEI Number:** 59-3754999

**Certificate of Status Desired:** No

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

DELEO, LOUIS  
9513 WATERFORD OAKS BLVD  
WINTER HAVEN, FL 33884 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 DELEO, LOUIS  
Address 9513 WATERFORD OAKS BLVD  
City-State-Zip: WINTER HAVEN FL 33884

Title D  
Name DONLEY, LAURA  
Address 9509 WATERFORD OAKS BLVD  
City-State-Zip: WINTER HAVEN FL 33884

Title S  
Name STEELE, TINA  
Address 9458 WATERFORD OAKS DRIVE  
City-State-Zip: WINTER HAVEN FL 33884

Title D  
Name ASHLEY, KEVIN  
Address 9460 WATERFORD OAKS DRIVE  
City-State-Zip: WINTER HAVEN FL 33884

Title PRESIDENT  
Name BRYD, BARRY  
Address 9508 WATERFORD OAKS BLVD  
City-State-Zip: WINTER HAVEN FL 33884

Title T  
Name ODOM, STEPHANIE  
Address 9486 WATERFORD OAKS BLVD  
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR  
Name BARSOTTI, JO  
Address PO BOX 1229  
City-State-Zip: WINTER HAVEN FL 33882

*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:** STEPHANIE S ODOM

**TREASURER**

**03/25/2015**

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

\_\_\_\_\_  
Date