

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000007290

**FILED**  
**Apr 21, 2020**  
**Secretary of State**  
**7357472580CC**

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

**Current Principal Place of Business:**

9500 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:**

CLOSS, STEVE  
9516 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:** STEVE CLOSS

04/21/2020

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

Title TREASURER  
Name CLOSS, STEVE  
Address 9516 WATERFORD OAKS BLVD  
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR  
Name MARTIN, JUDD  
Address 9507 WATERFORD OAKS BLVD  
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR  
Name TINUS, STEVE  
Address 9467 WATERFORD OAKS DRIVE  
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR  
Name WELTLIN, SHERYL  
Address 9445 WATERFORD OAKS DRIVE  
City-State-Zip: WINTER HAVEN FL 33884

Title VP  
Name WILSON, DOUGLAS  
Address 9454 WATERFORD OAKS DRIVE  
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR  
Name EZELL, LISA  
Address 9449 WATERFORD OAKS DRIVE  
City-State-Zip: WINTER HAVEN FL 33884

*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:** STEVE CLOSS

**TREASURER**

04/21/2020

Electronic Signature of Signing Officer/Director Detail

Date