

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000007290

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

**FILED**  
**Apr 18, 2019**  
**Secretary of State**  
**9278552384CC**

**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           PRESIDENT  
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 DRIVE  
City-State-Zip: WINTER HAVEN FL 33884

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

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

*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**

**04/18/2019**

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

\_\_\_\_\_  
Date