

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

DOCUMENT# N03000010253

**Entity Name:** FLORIDIAN BAY ESTATES AT WATERSTONE HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**3156110450CC**

**Current Principal Place of Business:**

C/O ALTON MADISON PROPERTY MGMT  
381 N KROME AVENUE #205  
HOMESTEAD, FL 33030

**Current Mailing Address:**

381 N KROME AVENUE  
SUITE 205  
HOMESTEAD, FL 33030

**FEI Number: 02-0699004**

**Certificate of Status Desired: No**

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

SKRLD, INC.  
201 ALHAMBRA CIRCLE  
SUITE 1102  
CORAL GABLES, FL 33134 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 SD  
Name MARTINEZ, EVAN  
Address 4002 WATERSTONE WAY  
City-State-Zip: HOMESTEAD FL 33033

Title TD  
Name FEDEROW, ALAN  
Address 4002 WATERSTONE WAY  
City-State-Zip: HOMESTEAD FL 33033

Title D  
Name LOPEZ, LUIS  
Address 4002 WATERSTONE WAY  
City-State-Zip: HOMESTEAD FL 33033

Title VPD  
Name LAUZURIQUE, XAVIER  
Address 4002 WATERSTONE WAY  
City-State-Zip: HOMESTEAD FL 33033

Title PD  
Name LOPEZ, MAIKEL  
Address 4002 WATERSTONE WAY  
City-State-Zip: HOMESTEAD FL 33033

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: MAIKEL LOPEZ**

**P**

**04/30/2019**

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

\_\_\_\_\_  
Date