

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000000804

**FILED**  
**Apr 26, 2018**  
**Secretary of State**  
**CC1870459959**

**Entity Name:** WATERFORD TRAILS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

6972 LAKE GLORIA BLVD.  
ORLANDO, FL 32809

**Current Mailing Address:**

6972 LAKE GLORIA BLVD.  
ORLANDO, FL 32809

**FEI Number: 20-1554858**

**Certificate of Status Desired: No**

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

LELAND MANAGEMENT, INC.  
6972 LAKE GLORIA BLVD.  
ORLANDO, FL 32809 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           VP  
Name           FULTON, TIMOTHY  
Address       6972 LAKE GLORIA BLVD.  
City-State-Zip: ORLANDO FL 32809

Title           SECRETARY, TREASURER  
Name           FOX, BRADFORD  
Address       6972 LAKE GLORIA BLVD.  
City-State-Zip: ORLANDO FL 32809

Title           PRESIDENT  
Name           DALY, IVETTE Z.  
Address       6972 LAKE GLORIA BLVD.  
City-State-Zip: ORLANDO FL 32809

Title           DIRECTOR  
Name           THOMPSON, OMARI  
Address       6972 LAKE GLORIA BLVD  
City-State-Zip: ORLANDO FL 32809

Title           DIRECTOR  
Name           RESTREPO, ROBERT  
Address       6972 LAKE GLORIA BLVD.  
City-State-Zip: ORLANDO FL 32809

*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: IVETTE DALY**

**PRESIDENT**

**04/26/2018**

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

\_\_\_\_\_  
Date