

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000001884

**FILED**  
**Aug 16, 2021**  
**Secretary of State**  
**8485922931CC**

**Entity Name:** WATERSIDE AT LA CITA HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

632 WATERSIDE CIR  
TITUSVILLE, FL 32780

**Current Mailing Address:**

P.O. BOX 76  
TITUSVILLE, FL 32780

**FEI Number: 20-0797243**

**Certificate of Status Desired: No**

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

KRISTY MOUNT LLC  
1702 S. WASHINGTON AVENUE  
TITUSVILLE, FL 32780 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: KRISTY MOUNT**

**08/16/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name FOOSE, RALPH G  
Address 632 WATERSIDE CIR  
City-State-Zip: TITUSVILLE FL 32780

Title VP  
Name SNODGRASS, CHRIS  
Address 501 WATERSIDE CIR  
City-State-Zip: TITUSVILLE FL 32780

Title T  
Name DAVIS, CLINTON O  
Address 352 WATERSIDE CIR  
City-State-Zip: TITUSVILLE FL 32780

Title D  
Name HANLIN, TERRY LEE  
Address 522 WATERSIDE CIR  
City-State-Zip: TITUSVILLE FL 32780

Title D  
Name CHANEY, MARION  
Address 371 WATERSIDE CIR  
City-State-Zip: TITUSVILLE FL 32780

Title D  
Name BOLICK, JAMES  
Address 481 WATERSIDE CIR  
City-State-Zip: TITUSVILLE FL 32780

*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: RALPH G FOOSE**

**PRESIDENT**

**08/16/2021**

Electronic Signature of Signing Officer/Director Detail

Date