# 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: KEVIN GALLAGHER

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

Date

04/13/2017

# 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N0400002377

Entity Name: WATERFORD TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

### **Current Principal Place of Business:**

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779

#### **Current Mailing Address:**

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 US

#### FEI Number: 20-1099389

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

SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 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: BRADLEY POMP						
	Electronic Signature of Registered Agent			Date		
Officer/Director Detail :						
Title	PRESIDENT, DIRECTOR	Title	VP, DIRECTOR			
Name	GALLAGHER, KEVIN	Name	BLAIR, JOHN			
Address	2180 WEST SR 434 STE 5000	Address	2180 WEST SR 434 STE 5000			
City-State-Zip:	LONGWOOD FL 32779	City-State-Zip:	LONGWOOD FL 32779			
Title	TREASURER, DIRECTOR	Title	SECRETARY, DIRECTOR			
Name	GISONNI, JENNIFER	Name	BENNETT, GAIL			
Address	2180 WEST SR 434 STE 5000	Address	2180 WEST SR 434 STE 5000			
City-State-Zip:	LONGWOOD FL 32779	City-State-Zip:	LONGWOOD FL 32779			

## Certificate of Status Desired: No

FILED Apr 13, 2017 Secretary of State CC1558116535

I GALLAGHER