## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12722

Entity Name: WATERVIEW HOMEOWNERS ASSOCIATION, INC.

**FILED** Feb 15, 2014 **Secretary of State** CC0094404871

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

2109 WINDWARD PASS LAKELAND, FL 33813

## **Current Mailing Address:**

2109 WINDWARD PASS LAKELAND, FL 33813 US

FEI Number: 59-2636601 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ONOREVOLE, CARMEN PRES 2066 WINDWARD PASS LAKELAND, FL 33813 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 Title PD

SHINN, FRANK Name ONOREVOLE, CARMEN Name 2059 WINDWARD PASS 2066 WINDWARD PASS Address Address City-State-Zip: LAKELAND FL 33813 LAKELAND FL 33813 City-State-Zip:

Title D Title D

Name MURPHY, MATTHEW S Name WILLS, MICHAEL T Address 2055 WINDWARD PASS Address 2014 WINDWARD PASS LAKELAND FL 33813 City-State-Zip: LAKELAND FL 33813 City-State-Zip:

Title DIRECTOR Title D

Name BENDA, TATIANA Name CASHDOLLAR, RACHEL

Address 2015 HATTERAS POINT 2051 WINDWARD PASS Address City-State-Zip: LAKELAND FL 33813

City-State-Zip: LAKELAND FL 33813

Title DIRECTOR QUINTO, PAT Name

Address 2006 HATTERAS POINT City-State-Zip: LAKELAND FL 33813

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: CARMEN ONOREVOLE

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

02/15/2014

Date