

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000001547

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC7177267694**

**Entity Name:** WATERFORD TRAILS COMMERCIAL OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

529 VERSAILLES DRIVE  
200  
MAITLAND, FL 32751

**Current Mailing Address:**

529 VERSAILLES DRIVE  
200  
MAITLAND, FL 32751 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

SINGLETON, RALPH  
529 VERSAILLES DRIVE  
200  
MAITLAND, FL 32751 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 P/D  
Name ROBERT, HARRELL  
Address 529 VERSAILLES DRIVE SUITE 200  
City-State-Zip: MAITLAND FL 32751

Title S/D  
Name SINGLETON, RALPH  
Address 529 VERSAILLES DRIVE SUITE 200  
City-State-Zip: MAITLAND FL 32751

Title T  
Name SINGLETON, RALPH  
Address 529 VERSAILLES DRIVE SUITE 200  
City-State-Zip: MAITLAND FL 32751

*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 SINGLETON**

**S/D**

**01/09/2015**

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

\_\_\_\_\_  
Date