INC.	: WATERFORD TRAILS COMMERCIAL OWN	IERS A3300	47786447	04CC
Current Prir	cipal Place of Business:			
1000 PINE HOL	•			
ALTAMONTE S	PRINGS, FL 32714			
Current Mai	ling Address:			
	IOLLOW POINT			
ALTAMONT	E SPRINGS, FL 32714 US			
EEI Numbor	. 91.0027911		Cartificate of Status Desire	di No
FEI Number: 81-0937814			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
SPECIALTY MA 1000 PINE HOL				
	PRINGS, FL 32714 US			
	I entity submits this statement for the purpose of changing its regis	stered office or regis	0	
	BRETT M JORDAN	stered office or regis	0	2/24/2022
		stered office or regis	0	
	BRETT M JORDAN Electronic Signature of Registered Agent	stered office or regis	0	2/24/2022
SIGNATURE	BRETT M JORDAN Electronic Signature of Registered Agent	stered office or regis	0	2/24/2022
SIGNATURE Officer/Dire	BRETT M JORDAN Electronic Signature of Registered Agent Ctor Detail :		C	2/24/2022
SIGNATURE Officer/Direc Title	BRETT M JORDAN Electronic Signature of Registered Agent Ctor Detail : P/D	Title	VP	2/24/2022
SIGNATURE Officer/Direc Title Name	Electronic Signature of Registered Agent Ctor Detail : P/D HARRELL, ROBERT 1000 PINE HOLLOW POINT	Title Name	VP SINGLETON, RALPH 1000 PINE HOLLOW POINT	02/24/2022 Date
SIGNATURE Officer/Direc Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Electronic Signature of Registered Agent Ctor Detail : P/D HARRELL, ROBERT 1000 PINE HOLLOW POINT ALTAMONTE SPRINGS FL 32714	Title Name Address	VP SINGLETON, RALPH 1000 PINE HOLLOW POINT	02/24/2022 Date
SIGNATURE Officer/Direc Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent Electronic Signature of Registered Agent P/D HARRELL, ROBERT 1000 PINE HOLLOW POINT ALTAMONTE SPRINGS FL 32714 DIRECTOR	Title Name Address	VP SINGLETON, RALPH 1000 PINE HOLLOW POINT	02/24/2022 Date
SIGNATURE Officer/Direc Title Name Address City-State-Zip: Title Name	Electronic Signature of Registered Agent Electronic Signature of Registered Agent Ctor Detail : P/D HARRELL, ROBERT 1000 PINE HOLLOW POINT ALTAMONTE SPRINGS FL 32714 DIRECTOR DETWEILER, MAYLINDA	Title Name Address	VP SINGLETON, RALPH 1000 PINE HOLLOW POINT	02/24/2022 Date
SIGNATURE Officer/Direc Title Name Address City-State-Zip: Title Name Address	Electronic Signature of Registered Agent Electronic Signature of Registered Agent Ctor Detail : P/D HARRELL, ROBERT 1000 PINE HOLLOW POINT ALTAMONTE SPRINGS FL 32714 DIRECTOR DETWEILER, MAYLINDA 1000 PINE HOLLOW POINT	Title Name Address	VP SINGLETON, RALPH 1000 PINE HOLLOW POINT	02/24/2022 Date
SIGNATURE Officer/Direc Title Name Address City-State-Zip: Title Name	Electronic Signature of Registered Agent Electronic Signature of Registered Agent Ctor Detail : P/D HARRELL, ROBERT 1000 PINE HOLLOW POINT ALTAMONTE SPRINGS FL 32714 DIRECTOR DETWEILER, MAYLINDA 1000 PINE HOLLOW POINT	Title Name Address	VP SINGLETON, RALPH 1000 PINE HOLLOW POINT	02/24/2022 Date

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: WATERFORD TRAILS COMMERCIAL OWNERS' ASSOCIATION,

DOCUMENT# N13000001547

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: ROBERT HARRELL

Electronic Signature of Signing Officer/Director Detail

02/24/2022

FILED Feb 24, 2022

Secretary of State