

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14717

**Entity Name:** WATERFORD PATIO HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

15010 S. WATERFORD DR.  
MAIL BOX ONLY  
DAVIE, FL 33331

**Current Mailing Address:**

15010 S. WATERFORD DR.  
MAIL BOX ONLY  
DAVIE, FL 33331

**FEI Number: 59-2684913**

**Certificate of Status Desired: Yes**

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

BROUGH, CHADROW & LEVINE, P.A.  
1900 N. COMMERCE PARKWAY  
WESTON, FL 33326 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  
Name FORGACIC, RICHARD  
Address 15141 LEEDS LANE  
City-State-Zip: DAVIE FL 33331

Title V  
Name SHAW, SKIP  
Address 5911 NEWCASTLE LANE  
City-State-Zip: DAVIE FL 33331

Title T  
Name SOUZA, MARSHA  
Address 14931 NEWCASTLE LANE  
City-State-Zip: DAVIE FL 33331

Title S  
Name SOUZA, MARSHA  
Address 14931 NEWCASTLE LANE  
City-State-Zip: DAVIE FL 33331

Title D  
Name LEONE, ROBERT  
Address 5871 LEEDS LANE  
City-State-Zip: DAVIE FL 33331

*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: MARSHA SOUZA** \_\_\_\_\_

**TREASURER/SECRETARY 03/02/2016**

Electronic Signature of Signing Officer/Director Detail

Date