

**2018 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N16000011820

**Entity Name:** WATERLEIGH PHASE 2, SFR COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ACCESS MANAGEMENT  
215 CELEBRATION PLACE SUITE 115  
CELEBRATION, FL 34747

**Current Mailing Address:**

C/O ACCESS MANAGEMENT  
215 CELEBRATION PLACE SUITE 115  
CELEBRATION, FL 34747 US

**FEI Number:** 82-2861501

**Certificate of Status Desired:** No

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

ACCESS MANAGEMENT  
C/O ACCESS MANAGEMENT  
215 CELEBRATION PLACE SUITE 115  
CELEBRATION, FL 34747 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:** MICHAEL LASTER

03/21/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name DOTSON, MELISSA  
Address C/O ACCESS MANAGEMENT  
215 CELEBRATION PLACE SUITE 115  
City-State-Zip: CELEBRATION FL 34747

Title DVP  
Name CHILDS, WILLIAM  
Address C/O ACCESS MANAGEMENT  
215 CELEBRATION PLACE SUITE 115  
City-State-Zip: CELEBRATION FL 34747

Title DST  
Name BENITEZ, ANTHONY  
Address C/O ACCESS MANAGEMENT  
215 CELEBRATION PLACE SUITE 115  
City-State-Zip: CELEBRATION FL 34747

*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:** MELISSA DOTSON

**PRESIDENT**

03/21/2018

Electronic Signature of Signing Officer/Director Detail

Date