

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000011246

**FILED**  
**Apr 25, 2024**  
**Secretary of State**  
**6181719835CC**

**Entity Name:** WATERFORD ESTATES NEIGHBORHOOD II ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O SWFL CAM SERVICES  
10231 METRO PKWY SUITE 204  
FORT MYERS, FL 33966

**Current Mailing Address:**

C/O SWFL CAM SERVICES  
10231 METRO PKWY SUITE 204  
FORT MYERS, FL 33966 US

**FEI Number: 82-3418653**

**Certificate of Status Desired: No**

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

CAM, SWFL  
C/O SWFL CAM SERVICES  
10231 METRO PKWY SUITE 204  
FORT MYERS, FL 33966 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:** SWFL CAM

04/25/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KIMBALL, KAREN  
Address        C/O SWFL CAM SERVICES  
                  10231 METRO PKWY SUITE 204  
City-State-Zip: FORT MYERS FL 33966

Title            VP  
Name            SMITH, BENTLEY  
Address        C/O SWFL CAM SERVICES  
                  10231 METRO PKWY SUITE 204  
City-State-Zip: FORT MYERS FL 33966

Title            SECRETARY  
Name            PIKE , DAVID  
Address        C/O SWFL CAM SERVICES  
                  10231 METRO PKWY SUITE 204  
City-State-Zip: FORT MYERS FL 33966

Title            TREASURER  
Name            VAN HAAREN, JUDITH  
Address        C/O SWFL CAM SERVICES  
                  10231 METRO PKWY SUITE 204  
City-State-Zip: FORT MYERS FL 33966

Title            DIRECTOR  
Name            INGOLD, KELLY  
Address        C/O SWFL CAM SERVICES  
                  10231 METRO PKWY SUITE 204  
City-State-Zip: FORT MYERS FL 33966

*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:** JUDITH VANHAAREN

**TREASURER**

04/25/2024

Electronic Signature of Signing Officer/Director Detail

Date