

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17828

**FILED**  
**Jun 17, 2020**  
**Secretary of State**  
**0043862438CC**

**Entity Name:** WATERFORD ISLE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

ELITE MANAGEMENT ASSOCIATES, INC.  
9600 GRIFFIN RD.  
COOPER CITY, FL 33328

**Current Mailing Address:**

9600 GRIFFIN ROAD  
COOPER CITY, FL 33328 US

**FEI Number:** 59-2766752

**Certificate of Status Desired:** No

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

ELITE MANAGEMENT ASSOCIATES INC.  
ELITE MANAGEMENT ASSOCIATES, INC.  
9600 GRIFFIN RD.  
COOPER CITY, FL 33328 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:** GLORIA DONNELLI

06/17/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name CAMPBELL, BONNIE  
Address ELITE MANAGEMENT ASSOCIATES,  
INC.  
9600 GRIFFIN RD.  
City-State-Zip: COOPER CITY FL 33328

Title DIRECTOR  
Name STEINBERG, ERIC  
Address ELITE MANAGEMENT ASSOCIATES,  
INC.  
9600 GRIFFIN RD.  
City-State-Zip: COOPER CITY FL 33328

Title DIRECTOR  
Name BHATT, RAJIV  
Address ELITE MANAGEMENT ASSOCIATES,  
INC.  
9600 GRIFFIN RD.  
City-State-Zip: COOPER CITY FL 33328

Title D  
Name GULKIN, SUSAN  
Address ELITE MANAGEMENT ASSOCIATES,  
INC.  
9600 GRIFFIN RD.  
City-State-Zip: COOPER CITY FL 33328

Title SECRETARY  
Name LUNA, SUSANNA  
Address ELITE MANAGEMENT ASSOCIATES,  
INC.  
9600 GRIFFIN RD.  
City-State-Zip: COOPER CITY FL 33328

Title VP  
Name NILOFF, ALAN  
Address ELITE MANAGEMENT ASSOCIATES,  
INC.  
9600 GRIFFIN RD.  
City-State-Zip: COOPER CITY FL 33328

Title TREASURER  
Name SEBERG, STEPHANIE  
Address ELITE MANAGEMENT ASSOCIATES,  
INC.  
9600 GRIFFIN RD.  
City-State-Zip: COOPER CITY FL 33328

*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:** BONNIE CAMPBELL

**PRESIDENT**

06/17/2020

Electronic Signature of Signing Officer/Director Detail

Date