

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17828

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

**Current Principal Place of Business:**

NW 84TH TERRACE & NW 78TH COURT  
TAMARAC, FL 33321

**Current Mailing Address:**

C/O FLORIDA SKYLINE MANAGEMENT  
22163 MAJESTIC WOODS WAY  
BOCA RATON, FL 33428 US

**FEI Number:** 59-2766752

**Certificate of Status Desired:** No

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

FLORIDA SKYLINE MANAGEMENT  
C/O FLORIDA SKYLINE MANAGEMENT  
22163 MAJESTIC WOODS WAY  
BOCA RATON, FL 33428 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:** KARLA RAMIREZ

02/10/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P, T	Title	VP
Name	WORTHY, ADRIENNE	Name	SEBERG, STEPHANIE
Address	C/O FLORIDA SKYLINE MANAGEMENT 22163 MAJESTIC WOODS WAY	Address	C/O FLORIDA SKYLINE MANAGEMENT 22163 MAJESTIC WOODS WAY
City-State-Zip:	BOCA RATON FL 33428	City-State-Zip:	BOCA RATON FL 33428
Title	DIRECTOR	Title	SECRETARY
Name	DIAZ, MILLIE	Name	HOLLIS, THERESE
Address	C/O FLORIDA SKYLINE MANAGEMENT 22163 MAJESTIC WOODS WAY	Address	C/O FLORIDA SKYLINE MANAGEMENT 22163 MAJESTIC WOODS WAY
City-State-Zip:	BOCA RATON FL 33428	City-State-Zip:	BOCA RATON FL 33428
Title	D		
Name	DAVISON, CHARLES		
Address	C/O FLORIDA SKYLINE MANAGEMENT 22163 MAJESTIC WOODS WAY		
City-State-Zip:	BOCA RATON FL 33428		

*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:** WORTHY , ADRIENNE

PRESIDENT

02/10/2022

Electronic Signature of Signing Officer/Director Detail

Date