

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

DOCUMENT# N31867

**Entity Name:** WATERFORD VILLAGE COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ASSOCIA GULF COAST  
13461 PARKER COMMONS BLVD. SUITE 101  
FORT MYERS, FL 33912

**Current Mailing Address:**

C/O ASSOCIA GULF COAST  
13461 PARKER COMMONS BLVD. SUITE 101  
FORT MYERS, FL 33912 US

**FEI Number:** 65-0115096

**Certificate of Status Desired:** No

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

ASSOCIA GULF COAST  
C/O ASSOCIA GULF COAST  
13461 PARKER COMMONS BLVD. SUITE 101  
FORT MYERS, FL 33912 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:** HEATHER BROKAW

04/05/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FIYALCO, WAYNE  
Address        C/O ASSOCIA GULF COAST  
                  13461 PARKER COMMONS BLVD.  
                  SUITE 101  
City-State-Zip: FORT MYERS FL 33912

Title            VICE PRESIDENT  
Name            LOWE, MARILYN  
Address        C/O ASSOCIA GULF COAST  
                  13461 PARKER COMMONS BLVD.  
                  SUITE 101  
City-State-Zip: FORT MYERS FL 33912

Title            TREASURER  
Name            DALE E BEACHEY REV TRUST  
Address        C/O ASSOCIA GULF COAST  
                  13461 PARKER COMMONS BLVD.  
                  SUITE 101  
City-State-Zip: FORT MYERS FL 33912

Title            DIRECTOR  
Name            CARRIGAN, DENIS J.  
Address        C/O ASSOCIA GULF COAST  
                  13461 PARKER COMMONS BLVD.  
                  SUITE 101  
City-State-Zip: FORT MYERS FL 33912

*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:** WAYNE FIYALCO

PRESIDENT

04/05/2024

Electronic Signature of Signing Officer/Director Detail

Date