

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41484

Entity Name: WATERFORD LAKES TRACT N-8 NEIGHBORHOOD
ASSOCIATION, INC.**Current Principal Place of Business:**C/O TRIDENT MANAGEMENT
618 E SOUTH ST SUITE 500
ORLANDO, FL 32801**Current Mailing Address:**C/O TRIDENT MANAGEMENT
618 E SOUTH ST SUITE 500
ORLANDO, FL 32801 US**FEI Number:** 59-3053821**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TRIDENT ASSOCIATION MANAGEMENT
C/O TRIDENT MANAGEMENT
618 E SOUTH ST SUITE 500
ORLANDO, FL 32801 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:** TRIDENT ASSOCIATION MANAGEMENT

04/30/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name MITCHELL, SUSAN
Address C/O TRIDENT MANAGEMENT
618 E SOUTH ST SUITE 500
City-State-Zip: ORLANDO FL 32801

Title PRESIDENT
Name DALE, CHRISTOPHER D.
Address C/O TRIDENT MANAGEMENT
618 E SOUTH ST STE 500
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name MCMINN, ROYCE C
Address C/O TRIDENT ASSOCIATION
MANAGEMENT
618 E SOUTH ST STE 500
City-State-Zip: ORLANDO FL 32801

Title TREASURER
Name SCALES, LISA
Address C/O TRIDENT MANAGEMENT
618 E SOUTH ST STE 500
City-State-Zip: ORLANDO FL 32801

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: CHRISTOPHER DALE

PRESIDENT

04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date