

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41484

Entity Name: WATERFORD LAKES TRACT N-8 NEIGHBORHOOD ASSOCIATION, INC.**FILED**
Apr 19, 2021
Secretary of State
5231941341CC**Current Principal Place of Business:**4700 MILLENIA BLVD.
SUITE 515
ORLANDO, FL 32839**Current Mailing Address:**4700 MILLENIA BLVD.
SUITE 515
ORLANDO, FL 32839 US**FEI Number: 59-3053821****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ASSOCIA/COMMUNITY MANAGEMENT PROFESSIONALS INC.
4700 MILLENIA BLVD
SUITE 515
ORLANDO, FL 32839 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: MARC RODRIGUEZ****04/19/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** VP
Name MITCHELL, SUSAN T
Address 4700 MILLENIA BLVD.
SUITE 515
City-State-Zip: ORLANDO FL 32839**Title** DIRECTOR
Name MCMINN, ROYCE C
Address 4700 MILLENIA BLVD.
SUITE 515
City-State-Zip: ORLANDO FL 32839**Title** SECRETARY
Name CARDARELLE, TELLI
Address 4700 MILLENIA BLVD.
SUITE 515
City-State-Zip: ORLANDO FL 32839**Title** PRESIDENT
Name DALE, CHRISTOPHER
Address 4700 MILLENIA BLVD.
SUITE 515
City-State-Zip: ORLANDO FL 32839**Title** TREASURER
Name SCALES, LISA
Address 4700 MILLENIA BLVD.
SUITE 515
City-State-Zip: ORLANDO FL 32839

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****04/19/2021**

Electronic Signature of Signing Officer/Director Detail

Date