

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N46986

**FILED**  
**Jan 09, 2017**  
**Secretary of State**  
**CC3150296185**

**Entity Name:** WATERFORD PARK OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

CORNERSTONE PROPERTY SOLUTIONS  
3700 NW 91ST ST. SUITE A100  
GAINESVILLE, FL 32606

**Current Mailing Address:**

CORNERSTONE PROPERTY SOLUTIONS  
3700 NW 91ST ST. SUITE A100  
GAINESVILLE, FL 32606 US

**FEI Number:** 59-3110007

**Certificate of Status Desired:** No

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

CORNERSTONE PROPERTY SOLUTIONS  
CORNERSTONE PROPERTY SOLUTIONS  
3700 NW 91ST ST. SUITE A100  
GAINESVILLE, FL 32606 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name WITT, WILLIAM DR  
Address 3700 NW 91ST ST.  
SUITE A100  
City-State-Zip: GAINESVILLE FL 32606

Title DT  
Name BOSSHARDT, AARON  
Address 3700 NW 91ST ST.  
SUITE A100  
City-State-Zip: GAINESVILLE FL 32606

Title DSVP  
Name ROSCOW, JOHN  
Address 3700 NW 91ST ST.  
SUITE A100  
City-State-Zip: GAINESVILLE FL 32606

Title D  
Name BENTON, KATHY  
Address 3700 NW 91ST ST.  
SUITE A100  
City-State-Zip: GAINESVILLE FL 32606

*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:** DR. WILLIAM WITT

**PRESIDENT**

**01/09/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date