

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000002935

**Entity Name:** WATERFORD LAKES TRACT N-25A NEIGHBORHOOD ASSOCIATION, INC.**FILED**  
**Mar 04, 2019**  
**Secretary of State**  
**0295477548CC****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: 59-3255268****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****03/04/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	ENGOLD, HAROLD JR.
Address	4700 MILLENIA BLVD. SUITE 515
City-State-Zip:	ORLANDO FL 32839

Title	VP
Name	CONNER, ROBERT
Address	4700 MILLENIA BLVD. SUITE 515
City-State-Zip:	ORLANDO FL 32839

Title	SECRETARY
Name	HORAZAK, DENNIS A.
Address	4700 MILLENIA BLVD. SUITE 515
City-State-Zip:	ORLANDO FL 32839

Title	TREASURER
Name	DAVIS, MYRON L
Address	4700 MILLENIA BLVD. SUITE 515
City-State-Zip:	ORLANDO FL 32839

Title	DIRECTOR
Name	SYMONS, ELEANOR
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: ELEANOR SYMONS****DIRECTOR****03/04/2019**

Electronic Signature of Signing Officer/Director Detail

Date