

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002935

Entity Name: WATERFORD LAKES TRACT N-25A NEIGHBORHOOD ASSOCIATION, INC.**FILED**
Apr 04, 2013
Secretary of State
CC8235675131**Current Principal Place of Business:**4700 MILLENIA BLVD.
STE. 515
ORLANDO, FL 32839**Current Mailing Address:**4700 MILLENIA BLVD.
STE. 515
ORLANDO, FL 32839**FEI Number: 59-3255268****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	GALLAGHER, FRANK
Address	4700 MILLENIA BLVD. STE. 515
City-State-Zip:	ORLANDO FL 32839

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

Title	D
Name	SYMONS, ELEANOR
Address	4700 MILLENIA BLVD. STE. 515
City-State-Zip:	ORLANDO FL 32839

Title	DIRECTOR
Name	GALLAGHER, KIMBERLY
Address	4700 MILLENIA BLVD. STE. 515
City-State-Zip:	ORLANDO FL 32839

Title	VP
Name	CONNER, ROBERT
Address	4700 MILLENIA BLVD. STE. 515
City-State-Zip:	ORLANDO FL 32839
Title	T
Name	DAVIS, MYRON L
Address	4700 MILLENIA BLVD. STE. 515
City-State-Zip:	ORLANDO FL 32839
Title	D
Name	ENGOLD, HAROLD JR.
Address	4700 MILLENIA BLVD. STE. 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: FRANK GALLAGHER**PRESIDENT****04/04/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date