

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002935

Entity Name: WATERFORD LAKES TRACT N-25A NEIGHBORHOOD ASSOCIATION, INC.**FILED**
Mar 08, 2017
Secretary of State
CC1783308525**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****03/08/2017**

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: HAROLD ENGOLD**PRESIDENT****03/08/2017**

Electronic Signature of Signing Officer/Director Detail

Date