2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400005732

Entity Name: WATERFORD POINTE HOMEOWNERS ASSOCIATION OF

BREVARD, INC.

Current Principal Place of Business:

4865 N. WICKHAM RD. SUITE 103

MELBOURNE, FL 32940

Current Mailing Address:

PO BOX 411240

MELBOURNE, FL 32941 US

FEI Number: 59-3319970 Certificate of Status Desired: No.

Name and Address of Current Registered Agent:

PRINCE CPA GROUP, LLC 4865 N. WICKHAM RD **SUITE 103** MELBOURNE, FL 32940 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: FRANK PRINCE 04/29/2021

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title VP, DIRECTOR Title PD, PRESIDENT Name STRICK, BILL Name MARTORANO, MARK Address 1003 WIMBLEDON DR Address 988 WIMBLEDON DR MELBOURNE FL 32940 City-State-Zip: MELBOURNE FL 32940 City-State-Zip:

Title Title **SECRETARY** ARC DIRECTOR

Name SCHIEKE, WENDY Name MCCRAW, LARRY

1031 WIMBLEDON DRIVE Address Address 1013 BARCLAY CT

City-State-Zip: MELBOURNE FL 32940 City-State-Zip: MELBOURNE FL 32940

Title DIRECTOR Title **DIRECTOR**

Name RUSHING, KENNETH Name MARKWERTH, RALPH Address 952 WIMBLEDON DRIVE Address 1011 WIMBLEDON DRIVE City-State-Zip: MELBOURNE FL 32940 City-State-Zip: MELBOURNE FL 32940

Title DIRECTOR

964 WIMBLEDON DRIVE Address City-State-Zip: MELBOURNE FL 32940

LUPER, CALEB

Name

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.

04/29/2021 SIGNATURE: MARK MARTORANO **PRESIDENT**

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 29, 2021

Secretary of State

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