

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000003800

**FILED**  
**Apr 27, 2016**  
**Secretary of State**  
**CC7761276070**

**Entity Name:** WATERFORD LAKES TRACT N-19 NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

860 N. ORANGE AVENUE, SUITE 129  
ORLANDO, FL 32801

**Current Mailing Address:**

860 N. ORANGE AVENUE, SUITE 129  
ORLANDO, FL 32801 US

**FEI Number: 59-3412398**

**Certificate of Status Desired: No**

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

ORLANDO EQUITY  
860 N. ORANGE AVENUE  
SUITE 129  
ORLANDO, FL 32801 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 PD  
Name FEDERICO, NINO  
Address 860 N ORANGE AVE STE 129  
City-State-Zip: ORLANDO FL 32801

Title TD  
Name HOFFMAN, PAT  
Address 860 N ORANGE AVE STE 129  
City-State-Zip: ORLANDO FL 32801

Title VP  
Name STOCKWELL, ANDREW  
Address 860 N. ORANGE AVE STE 129  
City-State-Zip: ORLANDO FL 32801

Title SECRETARY  
Name SWIFT, NANCY  
Address 860 N. ORANGE AVENUE, SUITE 129  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name LECHTNER, CAROL  
Address 860 N. ORANGE AVENUE, SUITE 129  
City-State-Zip: ORLANDO FL 32801

*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: NINO FEDERICO**

**PRESIDENT**

**04/27/2016**

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

\_\_\_\_\_  
Date