

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000003800

**FILED**  
**Apr 26, 2018**  
**Secretary of State**  
**CC3891722588**

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

**Current Principal Place of Business:**

14 S. BUMBY AVE.  
ORLANDO, FL 32803

**Current Mailing Address:**

14 S. BUMBY AVE.  
ORLANDO, FL 32803 US

**FEI Number: 59-3412398**

**Certificate of Status Desired: No**

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

ORLANDO EQUITY  
14 S. BUMBY AVE.  
ORLANDO, FL 32803 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 STOCKWELL, ANDREW  
Address 14 S. BUMBY AVE.  
City-State-Zip: ORLANDO FL 32803

Title TD  
Name HOFFMAN, PAT  
Address 14 S. BUMBY AVE.  
City-State-Zip: ORLANDO FL 32803

Title VP  
Name SEIPLE, JEFF  
Address 14 S. BUMBY AVE.  
City-State-Zip: ORLANDO FL 32803

Title SECRETARY  
Name OZER, UMET  
Address 14 S. BUMBY AVE.  
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR  
Name LAROCHE, SONJA  
Address 14 S. BUMBY AVE.  
City-State-Zip: ORLANDO FL 32803

*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: ANDREW STOCKWELL**

**PD**

**04/26/2018**

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

\_\_\_\_\_  
Date