

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005529

**FILED**  
**Apr 16, 2014**  
**Secretary of State**  
**CC4834805385**

**Entity Name:** SABAL ISLES AT WATERFORD HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1600 WEST COLONIAL DRIVE  
ORLANDO, FL 32804

**Current Mailing Address:**

1600 WEST COLONIAL DRIVE  
ORLANDO, FL 32804 US

**FEI Number: 59-2542930**

**Certificate of Status Desired: No**

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

HANSON, JACK  
1600 WEST COLONIAL DRIVE  
ORLANDO, FL 32804 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            PRES  
Name            MOFFA, STEVEN  
Address        12230 SHADOWBROOK LANE  
City-State-Zip: ORLANDO FL 32828

Title            D  
Name            STEFFEY, GREGORY  
Address        12051 SHADOWBROOK LANE  
City-State-Zip: ORLANDO FL 32828

Title            TREASURER  
Name            RUPERT, THOMAS  
Address        12212 SHADOWBROOK LANE  
City-State-Zip: ORLANDO FL 32828

*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: STEVEN MOFFA**

**PRESIDENT**

**04/16/2014**

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

\_\_\_\_\_  
Date