2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000008441

Entity Name: WESTLAND AT WATERFORD GENERAL PARTNER LLC

FILED
May 05, 2020
Secretary of State
7672418094CC

Current Principal Place of Business:

730 THIRD AVENUE MS: 730/12/02 NEW YORK, NY 10017

Current Mailing Address:

730 THIRD AVENUE MS: 730/12/02 NEW YORK, NY 10017 US

FEI Number: 47-5635267 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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

Authorized Person(s) Detail:

Title MBR Title AUTHORIZED REPRESENTATIVE

Name WESTLAND AT WATERFORD REIT LP Name PIERRE-MERRITT, MARJORIE

Address 730 THIRD AVENUE Address 730 THIRD AVENUE

Address 730 THIRD AVENUE Address 730 THIRD AVENUE

City-State-Zip: NEW YORK NY 10017 City-State-Zip: NEW YORK NY 10017

Title AUTHORIZED REPRESENTATIVE, Title AUTHORIZED REPRESENTATIVE ASST. SECRETARY

Name BAIR, SHARON

 Name
 RAMOS, JANET
 Address
 730 THIRD AVENUE

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 730 THIRD AVENUE
 City-State-Zip:
 NEW YORK NY 10017

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Title AUTHORIZED REPRESENTATIVE

AUTHORIZED REPRESENTATIVE

AUTHORIZED REPRESENTATIVE

Name CANTU, NICOLE

Name BRESLAV, GALINA Address 730 THIRD AVENUE

Address 730 THIRD AVENUE City-State-Zip: NEW YORK NY 10017

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Title AUTHORIZED REPRESENTATIVE

Nome COHEN DONNA

Name COHEN, DONNA
Name DOSCHER, KRISTEN Address 730 THIRD AVENUE
Address 730 THIRD AVENUE City-State-Zip: NEW YORK NY 10017

City-State-Zip: NEW YORK NY 10017

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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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARTINA DAVIS SECRETARY 05/05/2020

Authorized Person(s) Detail Continued:

Title AUTHORIZED REPRESENTATIVE

Name CORNUKE, JOHN
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Title AUTHORIZED REPRESENTATIVE

Name GIRALDO, RANDY
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Title AUTHORIZED REPRESENTATIVE

Name JACOBY, DAMIAN
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Title AUTHORIZED REPRESENTATIVE

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Title SECRETARY

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Title AUTHORIZED REPRESENTATIVE

Name STEFFENS, GABRIEL
Address 730 THIRD AVENUE
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Title DIRECTOR

Name ADAMS, CHRISTOPHER C.
Address 501 BRICKELL KEY DRIVE

SUITE 504

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Title AUTHORIZED REPRESENTATIVE

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Title SR. DIRECTOR

Name RUSSO, CHARLES C.

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