

2015 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F95000005786

Entity Name: WATERMARK REALTY, INC.**Current Principal Place of Business:**1580 SAWGRASS CORPORATE PARKWAY
SUITE 400
SUNRISE, FL 33323**Current Mailing Address:**24301 WALDEN CENTER DRIVE
BONITA SPRINGS, FL 34134 US**FEI Number:** 65-0619884**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HASTINGS, VIVIEN N
24301 WALDEN CENTER DRIVE
BONITA SPRINGS, FL 34134 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	D
Name	BASS, KEITH
Address	24301 WALDEN CENTER DR
City-State-Zip:	BONITA SPRINGS FL 34134

Title	VAS
Name	SHEEHAN, ROSE
Address	24301 WALDEN CENTER DR
City-State-Zip:	BONITA SPRINGS FL 34134

Title	VP
Name	LEITH, SHEILA
Address	24301 WALDEN CENTER DR
City-State-Zip:	BONITA SPRINGS FL 34134

Title	ASST. SECRETARY
Name	BENEDICT, STACY
Address	24301 WALDEN CENTER DRIVE
City-State-Zip:	BONITA SPRINGS FL 34134

Title	DPS
Name	MESA, REINALDO L
Address	24301 WALDEN CENTER DR
City-State-Zip:	BONITA SPRINGS FL 34134

Title	V
Name	DEVENDORF, RUSSELL
Address	24301 WALDEN CENTER DR
City-State-Zip:	BONITA SPRINGS FL 34134

Title	VP
Name	GREEN, CHRISTINE
Address	24301 WALDEN CENTER DRIVE
City-State-Zip:	BONITA SPRINGS FL 34134

Title	ASST. SECRETARY
Name	BELLO, JOYCE
Address	24301 WALDEN CENTER DRIVE
City-State-Zip:	BONITA SPRINGS FL 34134

Continues on page 2

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: REINALDO MESA

DPS

06/15/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name DORFMAN, CRAIG
Address 24301 WALDEN CENTER DRIVE
City-State-Zip: BONITA SPRINGS FL 34134

Title V, ASST. SECRETARY
Name GLANDON, ELAINE
Address 24301 WALDEN CENTER DRIVE
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Title ASST. SECRETARY
Name LANCASTER, DONNA
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Title ASST. SECRETARY
Name MOREJON, MARLENE
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Title ASST. SECRETARY
Name OUELLETTE, KIMBERLY
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Title ASST. SECRETARY
Name POMARES, MARTHA
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Title ASST. SECRETARY
Name SAPP, SHARON M
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Title ASST. SECRETARY
Name WILSON, JEANNIE
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Title ASST. SECRETARY
Name ALBERT, JONI
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Title VP
Name DAHNE, PATRICIA
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Title ASST. SECRETARY
Name CARDONE, NANCY

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Name KASNIC, THERESE M
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Name MADDEN, LINDA L
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Title ASST. SECRETARY
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Title VP, ASST. SECRETARY
Name PETERSON, BRIGID
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Title ASST. SECRETARY
Name PROPHET, JUNE M
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Title AS
Name STOBINSKY, COLLEEN
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Title ASST. SECRETARY
Name WOOLDRIDGE, MARSHA
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Title VP
Name HILL, CAROL
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Title VP
Name RODRIGUEZ, RAUL
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Name HOLLAND, MICHAEL
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Title ASSISTANT SECRETARY
Name CHERNOFF, JAY
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