

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761013

**FILED**  
**Mar 19, 2019**  
**Secretary of State**  
**2066565151CC**

**Entity Name:** WATERSIDE AT BOCA TRAIL COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

1200 CLINT MOORE ROAD  
STE 8  
BOCA RATON, FL 33487

**Current Mailing Address:**

1200 CLINT MOORE ROAD  
STE 8  
BOCA RATON, FL 33487 US

**FEI Number:** 59-2280794

**Certificate of Status Desired:** No

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

HRT REALTY SERVICES LLC  
1200 CLINT MOORE ROAD  
STE 8  
BOCA RATON, FL 33487 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:** BARRY CONSOVOY

03/19/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CHEIKES, VICKI  
Address        1200 CLINT MOORE ROAD  
                  STE 8  
City-State-Zip: BOCA RATON FL 33487

Title            TREASURER  
Name            HAVEKOTTE, ELEANOR  
Address        1200 CLINT MOORE ROAD  
                  STE 8  
City-State-Zip: BOCA RATON FL 33487

Title            SECRETARY, DIRECTOR  
Name            WELLMAN, AMY  
Address        1200 CLINT MOORE ROAD  
                  STE 8  
City-State-Zip: BOCA RATON FL 33487

Title            DIRECTOR  
Name            BLAIR, THOMAS  
Address        1200 CLINT MOORE ROAD  
                  STE 8  
City-State-Zip: BOCA RATON FL 33487

Title            VP  
Name            SAYLOR, RICHARD  
Address        1200 CLINT MOORE ROAD  
                  STE 8  
City-State-Zip: BOCA RATON FL 33487

Title            DIRECTOR  
Name            SMITH, DAVID  
Address        1200 CLINT MOORE ROAD  
                  STE 8  
City-State-Zip: BOCA RATON FL 33487

Title            DIRECTOR  
Name            BIRD, DAVID  
Address        1200 CLINT MOORE ROAD  
                  STE 8  
City-State-Zip: BOCA RATON FL 33487

*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:** CHEIKES VICKIE

P

03/19/2019

Electronic Signature of Signing Officer/Director Detail

Date