

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768786

**Entity Name:** FLORIDA HOSPITAL WATERMAN FOUNDATION, INC.**Current Principal Place of Business:**1500 WATERMAN WAY  
SUITE 3506  
TAVARES, FL 32778**Current Mailing Address:**1500 WATERMAN WAY  
SUITE 3506  
TAVARES, FL 32778 US**FEI Number:** 59-2330166**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VALDIVIA, MABEL  
1500 WATERMAN WAY  
SUITE 3506  
TAVARES, FL 32778 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:** MABEL VALDIVIA

04/30/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name MAZENKO, TODD  
Address 1500 WATERMAN WAY  
City-State-Zip: TAVARES FL 32778

Title TRUSTEE  
Name SIMMONS, DEAN  
Address 1500 WATERMAN WAY  
City-State-Zip: TAVARES FL 32778

Title TRUSTEE  
Name BIRI, ABEL  
Address 1500 WATERMAN WAY  
City-State-Zip: TAVARES FL 32778

Title TRUSTEE  
Name MARZEK, PETER MD  
Address 1500 WATERMAN WAY  
City-State-Zip: TAVARES FL 32778

Title VC, TREASURER  
Name HACKLER, MATTHEW  
Address 1500 WATERMAN WAY  
City-State-Zip: TAVARES FL 32778

Title TRUSTEE  
Name WALLACE, SINE  
Address 1500 WATERMAN WAY  
City-State-Zip: TAVARES FL 32778

Title TRUSTEE  
Name GLENN CADDEL, SUSAN  
Address 1500 WATERMAN WAY  
City-State-Zip: TAVARES FL 32778

Title TRUSTEE  
Name WELTER, MIKE  
Address 1500 WATERMAN WAY  
City-State-Zip: TAVARES FL 32778

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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 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:** PAT LANNON**SECRETARY**

04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name VALDIVIA, MABEL  
Address 1500 WATERMAN WAY TAVARES  
City-State-Zip: TAVARES, FL 32778

Title TRUSTEE  
Name FOUNTAIN, MICHAEL  
Address 1500 WATERMAN WAY  
City-State-Zip: WATEMAN FL 32778

Title SECRETARY  
Name LANNON, PAT  
Address 1500 WATERMAN WAY  
City-State-Zip: TAVARES FL 32778

Title TRUSTEE  
Name WHITE, ROBERT  
Address 1500 WATERMAN WAY  
City-State-Zip: TAVARES FL 32778

Title TRUSTEE  
Name RICE HOSLEY, KEIRE  
Address 1500 WATERMAN WAY  
City-State-Zip: TAVARES FL 32778

Title TRUSTEE  
Name ADRID, ROB  
Address 1500 WATERMAN WAY  
City-State-Zip: TAVARES FL 32778