

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08553

Entity Name: WATERFORD LAKES COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**453 MARK TWAIN BLVD
ORLANDO, FL 32828**Current Mailing Address:**453 MARK TWAIN BLVD
ORLANDO, FL 32828**FEI Number:** 59-2643089**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARIAS BOSINGER
280 W. CANTON AVE., STE. 330
WINTER PARK, FL 32789 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:** CARLOS ARIAS

01/29/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name LAMBROS, KRISTEN
Address 453 MARK TWAIN BLVD
City-State-Zip: ORLANDO FL 32828

Title SECRETARY
Name MARZULLO, KELLY
Address 453 MARK TWAIN BLVD
City-State-Zip: ORLANDO FL 32828

Title VP
Name FONT, MARCOS
Address 453 MARK TWAIN BLVD
City-State-Zip: ORLANDO FL 32828

Title TREASURER
Name FRANKS, ANNE
Address 453 MARK TWAIN BLVD
City-State-Zip: ORLANDO FL 32828

Title DIRECTOR
Name MITCHELL, DWIGHT
Address 453 MARK TWAIN BLVD
City-State-Zip: ORLANDO FL 32828

Title DIRECTOR
Name PARRISH, SUE
Address 453 MARK TWAIN BLVD
City-State-Zip: ORLANDO FL 32828

Title DIRECTOR
Name ROBERT M FISHER TRUST
Address 453 MARK TWAIN BLVD
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: KRISTEN LAMBROS

PRESIDENT

01/29/2025

Electronic Signature of Signing Officer/Director Detail

Date