

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24182

Entity Name: WATERMAN COMMUNITIES, INC.**Current Principal Place of Business:**250 BROOKFIELD AVE
MOUNT DORA, FL 32757**Current Mailing Address:**250 BROOKFIELD AVE
MOUNT DORA, FL 32757**FEI Number:** 59-2867652**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LEIGH, RICHARD A
200 E NEW ENGLAND AVE
SUITE 30
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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	LEIGH, RICHARD A
Address	200 E NEW ENGLAND AVE SUITE 30
City-State-Zip:	WINTER PARK FL 32789

Title	PCEO
Name	DUJON, ANDREW
Address	250 BROOKFIELD AVENUE
City-State-Zip:	MOUNT DORA FL 32757

Title	C
Name	MCEWEN, KEVIN W
Address	18500 US HWY 441
City-State-Zip:	MOUNT DORA FL 32757

Title	S
Name	POPIESKI, TOM
Address	15119 HIGHWAY 441
City-State-Zip:	EUSTIS FL 32726

Title	T
Name	STEWART, KIM Y
Address	147 W 9TH AVENUE
City-State-Zip:	MOUNT DORA FL 32757

Title	VC
Name	COFFEY, JOHN J
Address	803 HALLOWELL CIRCLE
City-State-Zip:	ORLANDO FL 32828

Title	DIRECTOR
Name	SKILTON, GARY
Address	405 FOREST PARK CIRCLE
City-State-Zip:	LONGWOOD FL 32779

Title	VCOO
Name	RAY, MICHAEL
Address	250 BROOKFIELD AVENUE
City-State-Zip:	MOUNT DORA FL 32757

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

SIGNATURE: ANDREW DUJON

PCEO

02/19/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SCHEUNEMAN, GUSTAV
Address	424 WILLOWBROOK
City-State-Zip:	LONGWOOD FL 32779