

2022 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 US**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 300
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 300
City-State-Zip:	WINTER PARK FL 32789

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

Title	VP, COO
Name	NWOGU, DAVID O
Address	300 BROOKFIELD AVENUE
City-State-Zip:	MOUNT DORA FL 32757

Title	TREASURER
Name	STEWART, KIM Y
Address	147 WEST 9TH AVENUE
City-State-Zip:	MOUNT DORA FL

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

Title	VPCFO
Name	MURDOCK, HEARDLEY R
Address	250 BROOKFIELD AVE
City-State-Zip:	MOUNT DORA FL 32757

Title	SECRETARY
Name	POPIESKI, THOMAS J
Address	2701 S BAY STREET
City-State-Zip:	EUSTIS FL 32726

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

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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: ANDREW DUJON

PCEO

02/19/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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