

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N27651

**Entity Name:** WATERFORD CROSSING HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Mar 29, 2017**  
**Secretary of State**  
**CC3857507646**

**Current Principal Place of Business:**

2821 SHERBROOK LN., SUITE A  
PALM HARBOR, FL 34684

**Current Mailing Address:**

P.O. BOX 1624  
PALM HARBOR, FL 34682

**FEI Number: 59-2901125**

**Certificate of Status Desired: No**

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

SPRIGGS, DOROTHY  
SUNCOAST PROPERTY SERVICES  
2821 SHERBROOK LN., SUITE A  
PALM HARBOR, FL 34684 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 P  
Name HORTSMAN, BETTY  
Address P O BOX 1624  
City-State-Zip: PALM HARBOR FL 34682

Title V  
Name DAVIS, TERRI  
Address P O BOX 1624  
City-State-Zip: PALM HARBOR FL 34682

Title S  
Name JOLIFFE, ANGELA  
Address P O BOX 1624  
City-State-Zip: PALM HARBOR FL 34682

Title T  
Name CLARKE, ROBERT  
Address P O BOX 1624  
City-State-Zip: PALM HARBOR FL 34682

Title ASST. SECRETARY  
Name PENSABENE, FRANK  
Address P O BOX 1624  
City-State-Zip: PALM HARBOR FL 34682

*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: BETTY HORTSMAN**

**PRESIDENT**

**03/29/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date