

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27651

Entity Name: WATERFORD CROSSING HOMEOWNERS' ASSOCIATION, INC.**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	CAMPBELL, WAYNE
Address	P O BOX 1624
City-State-Zip:	PALM HARBOR FL 34682

Title	S
Name	DAVIS, TERRI
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	D
Name	WALL, JOE
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

02/27/2014

Electronic Signature of Signing Officer/Director Detail_____
Date