## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002839

Entity Name: WATERFORD ESTATES AT HERON BAY ASSOCIATION, INC.

**FILED** Apr 10, 2024 **Secretary of State** 1194169341CC

## **Current Principal Place of Business:**

C/O REALMANAGE

11784 WEST SAMPLE ROAD SUITE 103

CORAL SPRINGS, FL 33065

## **Current Mailing Address:**

C/O REALMANAGE PO BOX 803555 DALLAS, TX 75380 US

FEI Number: 65-0918426 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

KATZMAN CHANDLER PA 1500 W CYPRESS CREEK RD

SUITE 408

FORT LAUDERDALE, FL 33309 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: KATZMAN CHANDLER 04/10/2024

> Date Electronic Signature of Registered Agent

> > C/O REALMANAGE

11784 WEST SAMPLE ROAD SUITE

Officer/Director Detail:

Title **PRESIDENT** Title **SECRETARY** Name LEVINE, MARK Name TESTA, RACHEL

Address C/O REALMANAGE Address

11784 WEST SAMPLE ROAD SUITE

CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 City-State-Zip: City-State-Zip:

VΡ **TREASURER** Title Title

WILSON, REUBEN CHERRY, ROBERT Name Name

Address C/O REALMANAGE Address C/O REALMANAGE

> 11784 WEST SAMPLE ROAD SUITE 11784 WEST SAMPLE ROAD SUITE

City-State-Zip: CORAL SPRINGS FL 33065 City-State-Zip: CORAL SPRINGS FL 33065

Title **DIRECTOR** Name AHMED, MIA

C/O REALMANAGE Address

11784 WEST SAMPLE ROAD SUITE

City-State-Zip: CORAL SPRINGS FL 33065

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.

04/10/2024 SIGNATURE: MARK LEVINE **PRESIDENT**