

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N99000002839

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

**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

09/25/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name BACHER, LENORE  
Address C/O REALMANAGE  
11784 WEST SAMPLE ROAD SUITE  
103  
City-State-Zip: CORAL SPRINGS FL 33065

Title PRESIDENT  
Name LEVINE, MARK  
Address C/O REALMANAGE  
11784 WEST SAMPLE ROAD SUITE  
103  
City-State-Zip: CORAL SPRINGS FL 33065

Title SECRETARY  
Name TESTA, RACHEL  
Address C/O REALMANAGE  
11784 WEST SAMPLE ROAD SUITE  
103  
City-State-Zip: CORAL SPRINGS FL 33065

Title VP  
Name WILSON, REUBEN  
Address C/O REALMANAGE  
11784 WEST SAMPLE ROAD SUITE  
103  
City-State-Zip: CORAL SPRINGS FL 33065

Title TREASURER  
Name CHERRY, ROBERT  
Address C/O REALMANAGE  
11784 WEST SAMPLE ROAD SUITE  
103  
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.*

**SIGNATURE:** MARK LEVINE

PRESIDENT

09/25/2023

Electronic Signature of Signing Officer/Director Detail

Date