

2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 722836

Entity Name: WINDERMERE DOWNS COMMUNITY ASSOCIATION, INC.

FILED
Aug 28, 2023
Secretary of State
6249390896CC

Current Principal Place of Business:

C/O TRIDENT MANAGEMENT
618 E SOUTH ST SUITE 500
ORLANDO, FL 32801

Current Mailing Address:

C/O TRIDENT MANAGEMENT
618 E SOUTH ST SUITE 500
ORLANDO, FL 32801 US

FEI Number: 59-1555936

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRIDENT ASSOCIATION MANAGEMENT
C/O TRIDENT MANAGEMENT
618 E SOUTH ST SUITE 500
ORLANDO, FL 32801 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: BRIE HUTCHINSON, REGISTERED AGENT

08/28/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name MILLER, ALLISON
Address C/O TRIDENT MANAGEMENT
 618 E SOUTH ST SUITE 500
City-State-Zip: ORLANDO FL 32801

Title VP, DIRECTOR
Name MALAMBRI, PATRICK
Address C/O TRIDENT MANAGEMENT
 618 E SOUTH ST SUITE 500
City-State-Zip: ORLANDO FL 32801

Title SECRETARY, DIRECTOR
Name WHIDDON, ANDREA
Address C/O TRIDENT MANAGEMENT
 618 E SOUTH ST SUITE 500
City-State-Zip: ORLANDO FL 32801

Title TREASURER, DIRECTOR
Name MAIA, YVES
Address C/O TRIDENT MANAGEMENT
 618 E SOUTH ST SUITE 500
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name FERRARO, MARK
Address C/O TRIDENT MANAGEMENT
 618 E SOUTH ST SUITE 500
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name KELLY, SEAN
Address C/O TRIDENT MANAGEMENT
 618 E SOUTH ST SUITE 500
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name FRISCH, SUZANNE
Address C/O TRIDENT MANAGEMENT
 618 E SOUTH ST SUITE 500
City-State-Zip: ORLANDO FL 32801

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: ALLISON MILLER

PRESIDENT

08/28/2023

Electronic Signature of Signing Officer/Director Detail

Date