

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746349

Entity Name: THE WOODS OF PORT ST. JOHN PROPERTY OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**925 MACCO RD
COCOA, FL 32927**Current Mailing Address:**925 MACCO RD
COCOA, FL 32927**FEI Number: 59-2011299****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SWIM, SHERI
925 MACCO ROAD
COCOA, FL 32927 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:** SHERI SWIM**04/06/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT
Name PREITZ, RICHARD
Address 442 ARABELLA
City-State-Zip: COCOA FL 32927**Title** TREASURER
Name BIENIASZ, PATRICIA
Address 940 TOPE
City-State-Zip: COCOA FL 32927**Title** OFFICER
Name BRODT, LESLIE
Address 161 OSCEOLA
City-State-Zip: COCOA FL 32927**Title** OFFICER
Name GOLT, WILLIAM
Address 1101 ARON
City-State-Zip: COCOA FL 32927**Title** VP
Name HERMES, JAMIE
Address 4850 MIRAMAR STREET
City-State-Zip: COCOA FL 32927**Title** SECRETARY
Name BRODT, CATHERINE
Address 161 OSCEOLA
City-State-Zip: COCOA FL 32927**Title** OFFICER
Name SCHAUER, PETER
Address 910 GALLEON STREET
City-State-Zip: COCOA FL 32927**Title** OFFICER
Name BOETTJER, ALFRED
Address 1000 GALLEON STREET
City-State-Zip: COCOA FL 32927

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: RICHARD PREITZ**PRESIDENT****04/06/2020**

Electronic Signature of Signing Officer/Director Detail

Date