

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767078

Entity Name: SURREY WOODS TOWNHOME ASSOCIATION, INC.**Current Principal Place of Business:**2834 B STONEWAY LANE
FORT PIERCE, FL 34982**Current Mailing Address:**C/O PARADISE ASSOCIATION MANAGEMENT
1209 US HIGHWAY 1
SEBASTIAN, FL 32958 US**FEI Number:** 59-2476982**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PARADISE ASSOCIATION MANAGEMENT
1209 US HIGHWAY 1
SEBASTIAN, FL 32958 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:** CAITLIN WALLS

04/28/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name HIMMIGHOEFER, LINDA
Address C/O PARADISE ASSOCIATION
 MANAGEMENT
 1209 US HIGHWAY 1
City-State-Zip: SEBASTIAN FL 32958

Title VP
Name NEIL, JAMIE
Address C/O PARADISE ASSOCIATION
 MANAGEMENT
 1209 US HIGHWAY 1
City-State-Zip: SEBASTIAN FL 32958

Title SECRETARY
Name WIGHAM, SHELBY
Address C/O PARADISE ASSOCIATION
 MANAGEMENT
 1209 US HIGHWAY 1
City-State-Zip: SEBASTIAN FL 32958

Title DIRECTOR
Name BURENGA, GEORGE
Address C/O PARADISE ASSOCIATION
 MANAGEMENT
 1209 US HIGHWAY 1
City-State-Zip: SEBASTIAN FL 32958

Title DIRECTOR
Name HAEGLIN, DIANA
Address C/O PARADISE ASSOCIATION
 MANAGEMENT
 1209 US HIGHWAY 1
City-State-Zip: SEBASTIAN FL 32958

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: JAMIE NEIL

VICE PRESIDENT

04/28/2025

Electronic Signature of Signing Officer/Director Detail

Date