

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 768060

**Entity Name:** WINDTREE GARDENS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ZEAL COMMUNITY  
2265 LEE ROAD, SUITE 229  
WINTER PARK, FL 32789

**Current Mailing Address:**

C/O ZEAL COMMUNITY  
2265 LEE ROAD, SUITE 229  
WINTER PARK, FL 32789 US

**FEI Number:** 59-2472522

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ZEAL COMMUNITY LLC  
C/O REGISTERED AGENTS INC  
7901 4TH ST N SUITE 300  
ST. PETERSBURG, FL 33702 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:** RYAN HOPPE

**03/27/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name LAMOUREUX, JOSEPH  
Address C/O ZEAL COMMUNITY  
2265 LEE ROAD, SUITE 229  
City-State-Zip: WINTER PARK FL 32789

Title TREASURER  
Name HENDERSON, MICHAEL  
Address C/O ZEAL COMMUNITY  
2265 LEE ROAD, SUITE 229  
City-State-Zip: WINTER PARK FL 32789

Title PRESIDENT  
Name GOOD, SCOTT  
Address 610 N WYMORE RD  
SUITE 200  
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR  
Name COBIAN, ROCIO  
Address 2265 LEE ROAD, SUITE 229  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name REJONIS, JOE  
Address C/O ZEAL COMMUNITY  
2265 LEE ROAD, SUITE 229  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name BIRKET, STEVEN  
Address C/O ZEAL COMMUNITY  
2265 LEE ROAD, SUITE 229  
City-State-Zip: WINTER PARK FL 32789

Title SECRETARY  
Name GOOD, CHERYL  
Address C/O ZEAL COMMUNITY  
2265 LEE ROAD, SUITE 229  
City-State-Zip: WINTER PARK FL 32789

*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:** SCOTT GOOD

**PRESIDENT**

**03/27/2024**

Electronic Signature of Signing Officer/Director Detail

Date