

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768060

Entity Name: WINDTREE GARDENS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**13350 WEST COLONIAL DRIVE
SUITE 330
WINTER GARDEN, FL 34778**Current Mailing Address:**PO BOX 783367
WINTER GARDEN, FL 34778 US**FEI Number:** 59-2472522**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SOUTHWEST PROPERTY MGMT OF CENTRAL FL
13350 WEST COLONIAL DRIVE
SUITE 330
WINTER GARDEN, FL 34787 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	LAMOUREUX, JOSEPH
Address	PO BOX 783367
City-State-Zip:	WINTER GARDEN FL 34778

Title	VP
Name	HOPPE, RYAN
Address	PO BOX 783367
City-State-Zip:	WINTER GARDEN FL 34778

Title	TREASURER
Name	REJONIS, BUDDY
Address	PO BOX 783367
City-State-Zip:	WINTER GARDEN FL 34778

Title	PRESIDENT
Name	GOOD, CHERYL
Address	PO BOX 783367
City-State-Zip:	WINTER GARDEN FL 34778

Title	DIRECTOR
Name	BIRKET, STEVEN
Address	PO BOX 783367
City-State-Zip:	WINTER GARDEN FL 34778

Title	DIRECTOR
Name	GOOD, SCOTT
Address	P.O. BOX 783367
City-State-Zip:	WINTER GARDEN FL 34778

Title	SECRETARY
Name	HURST, CINDY
Address	PO BOX 783367
City-State-Zip:	WINTER GARDEN FL 34778

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: CHERYL GOOD**PRESIDENT****03/24/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date