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.

PRESIDENT

#### Officer/Director Detail ·

SIGNATURE: ANTHONY KRAUSE

SIGNATURE: BRADLEY POMP

Officer/Director Detail :				
Title	PRESIDENT, DIRECTOR	Title	VP, DIRECTOR	
Name	KRAUSE, ANTHONY	Name	MICHEL, RICHARD	
Address	2180 WEST SR 434 STE 5000	Address	2180 WEST SR 434 STE 5000	
City-State-Zip:	LONGWOOD FL 32779	City-State-Zip:	LONGWOOD FL 32779	
Title	SECRETARY, DIRECTOR	Title	TREASURER, DIRECTOR	
Name	WESLEY, ERIKA	Name	SPITZER, EDWIN	
Address	2180 WEST SR 434 STE 5000	Address	2180 WEST SR 434 STE 5000	
City-State-Zip:	LONGWOOD FL 32779	City-State-Zip:	LONGWOOD FL 32779	
Title	DIRECTOR			
Name	ROGERS, GILBERT			
Address	2180 WEST SR 434 STE 5000			
City-State-Zip:	LONGWOOD FL 32779			

# 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# N0200005233

## Entity Name: TRADITIONS AT WEKIVA HOMEOWNERS ASSOCIATION, INC.

#### **Current Principal Place of Business:**

2180 WEST STATE RD434 SUITE 5000 LONGWOOD, FL 32779

#### **Current Mailing Address:**

2180 WEST STATE RD434 **SUITE 5000** LONGWOOD, FL 32779

### FEI Number: 06-1638744

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

Electronic Signature of Registered Agent

SENTRY MANAGEMENT INC 2180 WEST STATE RD434 SUITE 5000 LONGWOOD, FL 32779 US

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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.

Electronic Signature of Signing Officer/Director Detail

# FILED Feb 22, 2024 Secretary of State 3256621521CC

Certificate of Status Desired: No

02/22/2024 Date

02/22/2024 Date