

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000004216

**FILED**  
**May 02, 2023**  
**Secretary of State**  
**7940924970CC**

**Entity Name:** TOWNHOMES AT SISTER CREEK HOMEOWNER'S ASSOCIATION INC.

**Current Principal Place of Business:**

319 25TH ST.  
MARATHON, FL 33050

**Current Mailing Address:**

C/O CRUZ MORATO & ASSOCIATES  
5800 OVERSEAS HIGHWAY, SUITE 17  
MARATHON, FL 33050 US

**FEI Number: 25-1921092**

**Certificate of Status Desired: No**

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

CRUZ MORATO & ASSOCIATES  
5800 OVERSEAS HIGHWAY  
SUITE 17  
MARATHON, FL 33050 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: MARLENE CRUZ CRUZ MORATO**

**05/02/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name WILLIAMS, SAMUEL  
Address C/O CORE SERVICES, LLC  
PO BOX 8  
City-State-Zip: VANCOUVER WA 98666

Title TREASURER  
Name LAZZARA, BETH  
Address C/O CORE SERVICES, LLC  
PO BOX 8  
City-State-Zip: VANCOUVER WA 98666

Title PRESIDENT  
Name LEONARD, KIMBERLY  
Address C/O CORE SERVICES, LLC  
PO BOX 8  
City-State-Zip: VANCOUVER WA 98666

Title SECRETARY  
Name WILEY, SHANNON  
Address C/O CORE SERVICES, LLC  
PO BOX 8  
City-State-Zip: VANCOUVER WA 98666

Title SECRETARY  
Name OZBUN, ANGELA  
Address C/O CORE SERVICES, LLC  
PO BOX 8  
City-State-Zip: VACOUVER WA 98666

Title DIRECTOR  
Name HEATHER, CROSS  
Address C/O CORE SERVICES, LLC  
PO BOX 8  
City-State-Zip: VANCOUVER WA 98666

Title MANAGER  
Name DOUG, MCLAIN  
Address C/O CORE SERVICES  
PO BOX 8  
City-State-Zip: VANCOUVER WA 98666

*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: DOUG MCLAIN**

**MANAGER**

**05/02/2023**

Electronic Signature of Signing Officer/Director Detail

Date