

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000004216

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

**FILED**  
**Apr 27, 2022**  
**Secretary of State**  
**0836366853CC**

**Current Principal Place of Business:**

330 24TH STREET  
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**

**04/27/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WILLIAMS, SAMUEL  
Address        5800 OVERSEAS HWY STE 17  
City-State-Zip: MARATHON FL 33050

Title            TREASURER  
Name            LAZZARA, BETH  
Address        5800 OVERSEAS HWY STE 17  
City-State-Zip: MARATHON FL 330502737

Title            VICE PRESIDENT  
Name            LEONARD, KIMBERLY  
Address        5800 OVERSEAS HWY STE 17  
City-State-Zip: MARATHON FL 33050

Title            SECRETARY  
Name            WILEY, SHANNON  
Address        5800 OVERSEAS HWY STE 17  
City-State-Zip: MARATHON FL 33050

Title            DIRECTOR  
Name            OZBUN, ANGELA  
Address        5800 OVERSEAS HWY STE 17  
City-State-Zip: MARATHON FL 33050

Title            DIRECTOR  
Name            LOPEZ, JOSE  
Address        5800 OVERSEAS HWY STE 17  
City-State-Zip: MARATHON FL 33050

*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: SAMUEL WILLIAMS**

**PRESIDENT**

**04/27/2022**

Electronic Signature of Signing Officer/Director Detail

Date