## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04505

Entity Name: WINDERMERE HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 13, 2019
Secretary of State
4560474659CC

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

6620 LAKE WORTH RD.

SUITE F

LAKE WORTH, FL 33467

## **Current Mailing Address:**

C/O DAVENPORT PROPERTY MGMT. 6620 LAKE WORTH RD. SUITE F LAKE WORTH, FL 33467 US

FEI Number: 59-2506456 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

STOLOFF & MANOFF, P.A. 1818 S. AUSTRALIAN AVE. SUITE 400

WEST PALM BEACH, FL 33409 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: STOLOFF 03/13/2019

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title DIRECTOR Title PRESIDENT

Name VALCICH, DAVID Name FRANKEL, BARRY

Address C/O DAVENPORT PROPERTY MGMT. Address C/O DAVENPORT PROPERTY MGMT.

6620 LAKE WORTH RD. SUITE F 6620 LAKE WORTH RD. SUITE F

City-State-Zip: LAKE WORTH FL 33467 City-State-Zip: LAKE WORTH FL 33467

Title VP Title SECRETARY

Name BERK, VINCENT Name CYR, DENISE

Address C/O DAVENPORT PROPERTY MGMT. Address C/O DAVENPORT PROPERTY MGMT.

6620 LAKE WORTH RD. SUITE F 6620 LAKE WORTH RD. SUITE F

City-State-Zip: LAKE WORTH FL 33467 City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR Title TREASURER

Name STEIN, MARTIN Name DURYEA, NANCY

Address C/O DAVENPORT PROPERTY MGMT. Address C/O DAVENPORT PROPERTY MGMT.

6620 LAKE WORTH RD. SUITE F 6620 LAKE WORTH RD. SUITE F

City-State-Zip: LAKE WORTH FL 33467 City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR

Name SCHMIDT, GEORGE

Address C/O DAVENPORT PROPERTY MGMT.

6620 LAKE WORTH RD. SUITE F

City-State-Zip: LAKE WORTH FL 33467

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: BARRY FRANKEL PRESIDENT 03/13/2019