#### 2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N04505

Entity Name: WINDERMERE HOMEOWNERS ASSOCIATION, INC.

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

2101 CENTREPARK W. DRIVE SUITE 110 WEST PALM BEACH, FL 33409

# **Current Mailing Address:**

C/O SEACREST SERVICES, INC. 2101 CENTREPARK W. DRIVE SUITE 110 WEST PALM BEACH, FL 33409 US

## FEI Number: 59-2506456

## Name and Address of Current Registered Agent:

FIELDS & BACHOVE, PLLC 4440 PGA BOULEVARD SUITE 308 PALM BEACH GARDENS, FL 33410 US FILED Apr 12, 2023 Secretary of State 9767864620CC

Certificate of Status Desired: No

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.

The above named	d entity submits this statement for the purpose of changing its	s registered office or regis	tered agent, or both, in the State of Florida.
SIGNATURE	E: EVAN R. BACHOVE, ESQUIRE		04/12/2023
	Electronic Signature of Registered Agent		Date
Officer/Dire	ctor Detail :		
Title	VP	Title	DIRECTOR
Name	LANGINO, LEONARD	Name	GALLO, CAROLYN
Address	C/O SEACREST SERVICES, INC. 2101 CENTREPARK W. DRIVE SUITE 110	Address	C/O SEACREST SERVICES, INC. 2101 CENTREPARK W. DRIVE SUITE 110
City-State-Zip:	WEST PALM BEACH FL 33409	City-State-Zip:	WEST PALM BEACH FL 33409
Title	PRESIDENT	Title	TREASURER
Name	DRUMMOND, CARILYNN	Name	HANSON, MARCIA
Address	C/O SEACREST SERVICES, INC. 2101 CENTREPARK W. DRIVE SUITE 110	Address	C/O SEACREST SERVICES, INC. 2101 CENTREPARK W. DRIVE SUITE 110
City-State-Zip:	WEST PALM BEACH FL 33409	City-State-Zip:	WEST PALM BEACH FL 33409
Title	SECRETARY		
Name	WOODHOUSE, LATIFA		
Address	C/O SEACREST SERVICES, INC. 2101 CENTREPARK W. DRIVE SUITE 110		

City-State-Zip: WEST PALM BEACH FL 33409

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: CARILYNN BECKFORD DRUMMOND PRESIDENT 04/12/2023

Electronic Signature of Signing Officer/Director Detail