

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N04505

**Entity Name:** WINDERMERE HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Jul 20, 2016**  
**Secretary of State**  
**CC6724951963**

**Current Principal Place of Business:**

6620 LAKE WORTH RD  
STE F  
LAKE WORTH, FL 33467

**Current Mailing Address:**

6620 LAKE WORTH RD  
STE F  
LAKE WORTH, FL 33467 US

**FEI Number: 59-2506456**

**Certificate of Status Desired: No**

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

FIELDS & BACHOVE, PLLC  
4440 PGA BOULEVARD  
SUITE 308  
PALM BEACH GARDENS, FL 33410 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: EVAN BACHOVE**

**07/20/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HART, JOYCE  
Address        6620 LAKE WORTH RD  
                  STE F  
City-State-Zip: LAKE WORTH FL 33467

Title            DIRECTOR  
Name            VALCICH, DAVID  
Address        6620 LAKE WORTH RD  
                  STE F  
City-State-Zip: LAKE WORTH FL 33467

Title            SECRETARY  
Name            FRANKEL, BARRY  
Address        6620 LAKE WORTH RD  
                  STE F  
City-State-Zip: LAKE WORTH FL 33467

Title            DIRECTOR  
Name            BERK, VINCENT  
Address        6620 LAKE WORTH RD  
                  STE F  
City-State-Zip: LAKE WORTH FL 33467

Title            TREASURER  
Name            DUANE, KATHY  
Address        6620 LAKE WORTH RD  
                  STE F  
City-State-Zip: LAKE WORTH FL 33467

Title            DIRECTOR  
Name            DOMB, SUSAN  
Address        6620 LAKE WORTH RD  
                  STE F  
City-State-Zip: LAKE WORTH FL 33467

Title            DIRECTOR  
Name            DURYEA, NANCY  
Address        6620 LAKE WORTH RD  
                  STE 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: HART , JOYCE**

**PRESIDENT**

**07/20/2016**

Electronic Signature of Signing Officer/Director Detail

Date