

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000005225

**Entity Name:** IRMA LAKES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

115 MAITLAND AVE.  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

115 MAITLAND AVE.  
ALTAMONTE SPRINGS, FL 32701 US

**FEI Number:** 20-2947128

**Certificate of Status Desired:** No

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

TOP NOTCH ASSOCIATION MANAGEMENT  
115 MAITLAND AVE.  
ALTAMONTE SPRINGS, FL 32701 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:** MARILYN VINCE

03/01/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WEBB, MARK  
Address        115 MAITLAND AVE.  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title            SECRETARY  
Name            CUNNINGHAM, ANDREW  
Address        115 MAITLAND AVE.  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title            DIRECTOR  
Name            ZHENG, JENNY  
Address        115 MAITLAND AVE.  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title            VP  
Name            DENOBERGA, REGAN  
Address        115 MAITLAND AVE.  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title            TREASURER  
Name            GUZMAN, EVIE  
Address        115 MAITLAND AVE.  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title            DIRECTOR  
Name            GANDIA - PORTELA, LUIS  
Address        115 MAITLAND AVE.  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title            DIRECTOR  
Name            DORIMAR, FORTY  
Address        115 MAITLAND AVE.  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

*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:** MARK WEBB

PRESIDENT

03/01/2024

Electronic Signature of Signing Officer/Director Detail

Date