

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006323

Entity Name: TOWNHOMES AT WEXFORD OWNERS ASSOCIATION, INC.**FILED**
Mar 27, 2024
Secretary of State
5565330627CC**Current Principal Place of Business:**C/O PBM 10033 DOCTOR MARTIN LUTHER KING ST. N
SUITE 300
SAINT PETERSBURG, FL 33716**Current Mailing Address:**C/O PBM 10033 DOCTOR MARTIN LUTHER KING ST. N
SUITE 300
SAINT PETERSBURG, FL 33716 US**FEI Number:** 20-5999553**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ASSOCIA GULF COAST
C/O PBM 10033 DOCTOR MARTIN LUTHER KING ST. N
SUITE 300
SAINT PETERSBURG, FL 33716 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:** ANNETTE BYRD

03/27/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ASHOUR, HOSSAM
Address C/O ASSOCIA GULF COAST
 9887 4TH STREET NORTH SUITE 104
City-State-Zip: ST. PETERSBURG FL 33702

Title VICE PRESIDENT
Name JUREYDA, OSSAMA
Address C/O ASSOCIA GULF COAST
 9887 4TH STREET NORTH SUITE 104
City-State-Zip: ST. PETERSBURG FL 33702

Title SECRETARY
Name KARIM, FAISAL
Address C/O ASSOCIA GULF COAST
 9887 4TH STREET NORTH SUITE 104
City-State-Zip: ST. PETERSBURG FL 33702

Title TREASURER
Name SULTAN, ABDULAZIZ MOHOMMED
Address C/O ASSOCIA GULF COAST
 9887 4TH STREET NORTH SUITE 104
City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR
Name AKBAR, ZIA
Address C/O ASSOCIA GULF COAST
 9887 4TH STREET NORTH SUITE 104
City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR
Name TOPCAGIC, SENAD
Address C/O ASSOCIA GULF COAST
 9887 4TH STREET NORTH SUITE 104
City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR
Name BECIROVIC, ADIS
Address C/O ASSOCIA GULF COAST
 9887 4TH STREET NORTH SUITE 104
City-State-Zip: ST. PETERSBURG FL 33702

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: HOSSAM ASHOUR

PRES

03/27/2024

Electronic Signature of Signing Officer/Director Detail

Date