

2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000006323

Entity Name: TOWNHOMES AT WEXFORD OWNERS ASSOCIATION, INC.

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:

PROFESSIONAL BAYWAY MANAGEMENT INC.
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: BLAIR NEWTON

04/17/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ASHOUR, HOSSAM
Address C/O PBM 10033 DOCTOR MARTIN
 LUTHER KING ST. N
 SUITE 300
City-State-Zip: SAINT PETERSBURG FL 33716

Title VICE PRESIDENT
Name JUREYDA, OSSAMA
Address C/O PBM 10033 DOCTOR MARTIN
 LUTHER KING ST. N
 SUITE 300
City-State-Zip: SAINT PETERSBURG FL 33716

Title SECRETARY
Name KARIM, FAISAL
Address C/O PBM 10033 DOCTOR MARTIN
 LUTHER KING ST. N
 SUITE 300
City-State-Zip: SAINT PETERSBURG FL 33716

Title TREASURER
Name SULTAN, ABDULAZIZ MOHOMMED
Address C/O PBM 10033 DOCTOR MARTIN
 LUTHER KING ST. N
 SUITE 300
City-State-Zip: SAINT PETERSBURG FL 33716

Title DIRECTOR
Name AKBAR, ZIA
Address C/O PBM 10033 DOCTOR MARTIN
 LUTHER KING ST. N
 SUITE 300
City-State-Zip: SAINT PETERSBURG FL 33716

Title DIRECTOR
Name TOPCAGIC, SENAD
Address C/O PBM 10033 DOCTOR MARTIN
 LUTHER KING ST. N
 SUITE 300
City-State-Zip: SAINT PETERSBURG FL 33716

Title DIRECTOR
Name BECIROVIC, ADIS
Address C/O PBM 10033 DOCTOR MARTIN
 LUTHER KING ST. N
 SUITE 300
City-State-Zip: SAINT PETERSBURG FL 33716

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

04/17/2024

