

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009350

Entity Name: NEW HOMETOWN AT WINTHROP HOMEOWNERS ASSOCIATION, INC.

FILED
Feb 07, 2024
Secretary of State
8081813701CC

Current Principal Place of Business:

215 N. HOWARD AVE.
STE. 200
TAMPA, FL 33606

Current Mailing Address:

215 N. HOWARD AVE.
STE. 200
TAMPA, FL 33606 US

FEI Number: 20-5469160

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

APPLETON REISS, PLLC
215 N. HOWARD AVE.
STE. 200
TAMPA, FL 33606 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: KEITH SKOREWICS

02/07/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP	Title	DIRECTOR
Name	DECORT, DONALD	Name	JONES, THOMAS
Address	215 N. HOWARD AVE. STE. 200	Address	215 N. HOWARD AVE. STE. 200
City-State-Zip:	TAMPA FL 33606	City-State-Zip:	TAMPA FL 33606
Title	SECRETARY	Title	TREASURER
Name	AMSTUTZ, SEAN	Name	WAPINSKY, ROBERT
Address	215 N. HOWARD AVE. STE. 200	Address	215 N. HOWARD AVE. STE. 200
City-State-Zip:	TAMPA FL 33606	City-State-Zip:	TAMPA FL 33606
Title	PRESIDENT	Title	MANAGER
Name	WOOLRIDGE, GARY	Name	LIKAR, JOANNA
Address	215 N. HOWARD AVE. STE. 200	Address	1463 OAKFIELD DRIVE SUITE 127
City-State-Zip:	TAMPA FL 33606	City-State-Zip:	BRANDON FL 33511

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: JOANNA LIKAR

MANAGER

02/07/2024

Electronic Signature of Signing Officer/Director Detail

Date