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

DOCUMENT# N07000006579

Entity Name: TRIPLE CREEK HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 09, 2024
Secretary of State
9108337897CC

### **Current Principal Place of Business:**

C/O REALMANAGE 458 N TAMIAMI TRAIL OSPREY, FL 34229

#### **Current Mailing Address:**

C/O REALMANAGE PO BOX 803555 DALLAS, TX 75380 US

FEI Number: 26-1408474 Certificate of Status Desired: No

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

THE RUGGIERI LAW FIRM P.A. 1300 AVALON LAKE DRIVE SUITE 305 ORLANDO, FL 32828 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: FRANK A. RUGGIERI 04/09/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

City-State-Zip:

City-State-Zip:

Title PRESIDENT Title VP

Name LEWANDOWSKI, ERIC Name STEWART, TYESHA

Address C/O REALMANAGE Address C/O REALMANAGE
458 N TAMIAMI TRAIL 458 N TAMIAMI TRAIL

OSPREY FL 34229 City-State-Zip: OSPREY FL 34229

Title DIRECTOR Title DIRECTOR

Name COCHRAN, ZACHARY Name DOTSON, EURETHA TAMILLE

Address C/O REALMANAGE Address C/O REALMANAGE

458 N TAMIAMI TRAIL 458 N TAMIAMI TRAIL

OSPREY FL 34229 City-State-Zip: OSPREY FL 34229

Title TREASURER Title DIRECTOR

Name JOHNSON, DUSTIN Name DILLON, COREY

Address C/O REALMANAGE Address C/O REALMANAGE

458 N TAMIAMI TRAIL 458 N TAMIAMI TRAIL

City-State-Zip: OSPREY FL 34229 City-State-Zip: OSPREY FL 34229

Title DIRECTOR Title DIRECTOR

Name LEWIS, DWAYNE Name ANTONIO, DELROY

Address C/O REALMANAGE Address C/O REALMANAGE

458 N TAMIAMI TRAIL 458 N TAMIAMI TRAIL

City Ctata Ziny OCRDEV EL 24000

City-State-Zip: OSPREY FL 34229 City-State-Zip: OSPREY FL 34229

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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: ERIC LEWANDOWSKI PRESIDENT 04/09/2024

# Officer/Director Detail Continued:

**SECRETARY** Title GOFF, BRIAN Name

C/O REALMANAGE 458 N TAMIAMI TRAIL Address

City-State-Zip: OSPREY FL 34229