

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09717

Entity Name: INDIAN WELLS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**3900 WOODLAKE BLVD
SUITE 309
LAKE WORTH, FL 33463**Current Mailing Address:**3900 WOODLAKE BLVD
SUITE 309
LAKE WORTH, FL 33463 US**FEI Number:** 59-2750942**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GERSTIN & ASSOCIATES
40 SE 5TH STREET
BOCA RATON, FL 33432 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	COVIELLO, BRIAN
Address	3900 WOODLAKE BLVD SUITE 309
City-State-Zip:	LAKE WORTH FL 33463

Title	TREASURER, SECRETARY
Name	RHOADES, KIMBERLY
Address	3900 WOODLAKE BLVD SUITE 309
City-State-Zip:	LAKE WORTH FL 33463

Title	DIRECTOR
Name	BROOKS, JUNE
Address	3900 WOODLAKE BLVD SUITE 309
City-State-Zip:	LAKE WORTH FL 33463

Title	DIRECTOR
Name	LANE, MARC
Address	3900 WOODLAKE BLVD SUITE 309
City-State-Zip:	LAKE WORTH FL 33463

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: COVIELLO, BRIAN

PRESIDENT

02/02/2022

Electronic Signature of Signing Officer/Director Detail_____
Date