## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000005623

Entity Name: COUNTRY WALK ESTATES HOMEOWNERS ASSOCIATION,

INC.

**FILED** Apr 30, 2024 Secretary of State 2841155348CC

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

C/O BEACON COMMUNITY MANAGEMENT 9100 CONROY-WINDERMERE ROAD 200 WINDERMERE, FL 34786

## **Current Mailing Address:**

C/O BEACON COMMUNITY MANAGEMENT 9100 CONROY-WINDERMERE ROAD 200 WINDERMERE, FL 34786 US

FEI Number: 47-1329022 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BEACON COMMUNITY MANAGEMENT C/O BEACON COMMUNITY MANAGEMENT 9100 CONROY-WINDERMERE ROAD 200 WINDERMERE, FL 34786 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: SCOTT ST. CLAIR 04/30/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title VP, TREASURER, SECRETARY

Name HORMAN, ROBERT Name LEE, CRYSTAL

Address C/O BEACON COMMUNITY Address C/O BEACON COMMUNITY

MANAGEMENT MANAGEMENT 9100 CONROY-WINDERMERE ROAD

9100 CONROY-WINDERMERE ROAD

WINDERMERE FL 34786 City-State-Zip: City-State-Zip: WINDERMERE FL 34786

Title **AGENT** 

Name ST. CLAIR, SCOTT

Address C/O BEACON COMMUNITY

MANAGEMENT

9100 CONROY-WINDERMERE ROAD

WINDERMERE FL 34786 City-State-Zip:

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.

Electronic Signature of Signing Officer/Director Detail