2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000005623

Entity Name: COUNTRY WALK ESTATES HOMEOWNERS ASSOCIATION,

INC.

FILED Feb 28, 2025 Secretary of State 8443381119CC

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 02/28/2025

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title VP

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

)

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

Title AGENT Title SECRETARY-TREASURER

Name ST. CLAIR, SCOTT Name LOPEZ, MARLUZ

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

MANAGEMENT MANAGEMENT

9100 CONROY-WINDERMERE ROAD 9100 CONROY WINDERMERE RD. STE

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

Electronic Signature of Signing Officer/Director Detail

AGENT

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.