

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000010049

**Entity Name:** WINTER GARDEN TRAILER CITY HOMEOWNERS ASSOCIATION, INC.

**FILED  
Feb 03, 2018  
Secretary of State  
CC4624308350**

**Current Principal Place of Business:**

3 HOLLY DR.  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

3 HOLLY DR.  
WINTER GARDEN, FL 34787 US

**FEI Number: 82-3236720**

**Certificate of Status Desired: No**

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

DORMAN, LINDA  
25 JUNE ELLEN LN.  
WINTER GARDEN, FL 34787 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            FARRAR, DWAYNE  
Address        3 HOLLY DRIVE  
City-State-Zip: WINTER GARDEN FL 34787

Title            SECRETARY  
Name            DORMAN, LINDA  
Address        25 JUNE ELLEN LN.  
City-State-Zip: WINTER GARDEN FL 34787

Title            VP  
Name            PROGACCINI, RON  
Address        2 AZALEA DR.  
City-State-Zip: WINTER GARDEN FL 34787

Title            DIRECTOR AT LARGE  
Name            ROGERS, JIM  
Address        36 JUNE ELLEN LN.  
City-State-Zip: WINTER GARDEN FL 34787

Title            TREASURER  
Name            SEVERANCE, MARJORIE A.  
Address        18 HOLLY DR.  
City-State-Zip: WINTER GARDEN FL 34787

*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: MARJORIE A. SEVERANCE**

**TREASURER**

**02/03/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date