

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

DOCUMENT# N17000010049

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

**FILED**  
**Jan 19, 2024**  
**Secretary of State**  
**0661036805CC**

**Current Principal Place of Business:**

25 JUNE ELLEN  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

25 JUNE ELLEN  
WINTER GARDEN, FL 34787 US

**FEI Number: 82-3236720**

**Certificate of Status Desired: No**

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

DORMAN, LINDA G  
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:** LINDA G DORMAN

01/19/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           SCHIERBAUM, MICHAEL M  
Address        6 PALM DRIVE  
City-State-Zip: WINTER GARDEN FL 34787

Title           DIRECTOR AT LARGE  
Name           SPENCER, SAMUEL GEORGE  
Address        37 JUNE ELLEN LN  
City-State-Zip: WINTER GARDEN FL 34787

Title           VP  
Name           MITCHELL, SHARON ANN  
Address        24 WILLOW RD  
City-State-Zip: WINTER GARDEN FL 34787

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

Title           TREASURER  
Name           GAYLE, BRUCE D  
Address        10 HOLLY DRIVE  
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:** LINDA G DORMAN

**SECRETARY**

01/19/2024

Electronic Signature of Signing Officer/Director Detail

Date