

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000008290

**Entity Name:** WINDEMERE CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O JANE CORNETT  
759 SW FEDERAL HIGHWAY 213  
STUART, FL 34994

**Current Mailing Address:**

C/O JANE CORNETT  
759 SW FEDERAL HIGHWAY 213  
STUART, FL 34994 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

CORNETT, JANE  
C/O JANE CORNETT  
759 SW FEDERAL HIGHWAY 213  
STUART, FL 34994 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: JANE CORNETT**

**04/25/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name BURKE, DAVID  
Address C/O JANE CORNETT  
759 SW FEDERAL HIGHWAY 213  
City-State-Zip: STUART FL 34994

Title VP  
Name LONG, THOMAS  
Address C/O JANE CORNETT  
759 SW FEDERAL HIGHWAY 213  
City-State-Zip: STUART FL 34994

Title SECRETARY, TREASURER  
Name ZORN, MICHAEL  
Address C/O JANE CORNETT  
759 SW FEDERAL HIGHWAY 213  
City-State-Zip: STUART FL 34994

*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: DAVID BURKE**

**PRESIDENT**

**04/25/2023**

Electronic Signature of Signing Officer/Director Detail

Date