

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N41499

**Entity Name:** WINDERMERE RESERVE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**7074 HORIZON CIRCLE  
WINDERMERE, FL 34786**Current Mailing Address:**P O BOX 1262  
WINDERMERE, FL 34786**FEI Number:** 59-2334884**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RICCI, GAIL R  
7074 HORIZON CIRCLE  
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:** GAIL R. RICCI

02/06/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                     |
|-----------------|---------------------|
| Title           | DIRECTOR            |
| Name            | CHRIST, BRYAN       |
| Address         | 7005 HORIZON CIRCLE |
| City-State-Zip: | WINDERMERE FL 34786 |

|                 |                     |
|-----------------|---------------------|
| Title           | PRESIDENT           |
| Name            | RICCI, ROBERT J     |
| Address         | 7074 HORIZON CIRCLE |
| City-State-Zip: | WINDERMERE FL 34786 |

|                 |                     |
|-----------------|---------------------|
| Title           | TREASURER           |
| Name            | RICCI, GAIL R       |
| Address         | 7074 HORIZON CIRCLE |
| City-State-Zip: | WINDERMERE FL 34786 |

|                 |                     |
|-----------------|---------------------|
| Title           | SECRETARY           |
| Name            | CAPARAS, FRANCIS I  |
| Address         | 7015 HORIZON CIRCLE |
| City-State-Zip: | WINDERMERE FL 34786 |

|                 |                     |
|-----------------|---------------------|
| Title           | DIRECTOR            |
| Name            | MORRIS , LYNN K     |
| Address         | 7155 HORIZON CIRCLE |
| City-State-Zip: | WINDERMERE FL 34786 |

*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:** GAIL R RICCI

TREASURER

02/06/2022

Electronic Signature of Signing Officer/Director Detail

Date