

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000212

Entity Name: WARWICK HILLS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**2267 WARWICK DRIVE
OLDSMAR, FL 34677**Current Mailing Address:**P.O. BOX 355
OLDSMAR, FL 34677**FEI Number:** 59-3275390**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAKER, JOHN E
2267 WARWICK DRIVE
OLDSMAR, FL 34677 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 SECRETARY
Name SABARESE, STEPHEN
Address 2327 WARWICK DRIVE
City-State-Zip: OLDSMAR FL 34677

Title DIRECTOR
Name BAKER, ELIZABETH
Address 2267 WARWICK DRIVE
City-State-Zip: OLDSMAR FL 34667

Title PRES
Name FINCHUM, TRAVIS
Address 2097 WARWICK DR
City-State-Zip: OLDSMAR FL 34677

Title DIRECTOR
Name INDERWIES, GEORGE
Address 2228 WARWICK DRIVE
City-State-Zip: OLDSMAR FL 34677

Title VP
Name HOWARD, KAHN
Address 2195 WARWICK DRIVE
City-State-Zip: OLDSMAR FL 34677

Title DIRECTOR
Name BURKARD, ROBERT
Address 2171 WARWICK DRIVE
City-State-Zip: OLDSMAR FL 34677

Title DIRECTOR
Name PAUL, BURMEISTER
Address 2183 WARWICK DRIVE
City-State-Zip: OLDSMAR FL 34677

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: ELIZABETH BAKER**DIRECTOR****02/28/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date