

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

DOCUMENT# N96000000817

**Entity Name:** FIELD CLUB COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**601 FIELD CLUB CIRCLE  
CASSELBERRY, FL 32707**Current Mailing Address:**601 FIELD CLUB CIRCLE  
CASSELBERRY, FL 32707 US**FEI Number:** 59-3374117**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAW OFFICES OF KAREN WONSETLER, P. A.  
860 N. ORANGE AVENUE  
SUITE 135  
ORLANDO, FL 32801 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:** KAREN WONSETLER

02/08/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            VINAS, CATHY  
Address        644 FIELD CLUB CIRCLE  
City-State-Zip: CASSELBERRY FL 32707

Title            TREASURER  
Name            WESTER, ROBERT W  
Address        601 FIELD CLUB CIR  
City-State-Zip: CASSELBERRY FL 32707

Title            VP  
Name            SAWAYA, CAROLYN  
Address        608 FIELD CLUB CIRCLE  
City-State-Zip: CASSELBERRY FL 32707

Title            SECRETARY  
Name            OSTROWSKI, SHARON  
Address        661 FIELD CLUB CIRCLE  
City-State-Zip: CASSELBERRY FL 32707

Title            DIRECTOR  
Name            MILBURN, RAYNA  
Address        624 FIELD CLUB CIRCLE  
City-State-Zip: CASSELBERRY FL 32707

Title            DIRECTOR  
Name            ROBB, CAROL W.  
Address        632 FIELD CLUB CIRCLE  
City-State-Zip: CASSELBERRY FL 32707

Title            DIRECTOR  
Name            FERNANDEZ, SANDRA W.  
Address        652 FIELD CLUB CIRCLE  
City-State-Zip: CASSELBERRY FL 32707

*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:** ROBERT W WESTER

TREASURER

02/08/2023

Electronic Signature of Signing Officer/Director Detail

Date