

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728570

Entity Name: WINDEMERE HOUSE ASSOCIATION, INC.**Current Principal Place of Business:**250 SOUTH OCEAN BOULEVARD
DELRAY BEACH, FL 33483-6752**Current Mailing Address:**2710 FLORIDA BLVD
DELRAY BEACH, FL 33483**FEI Number:** 59-1860355**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WEXEL, STEVEN
2710 FLORIDA BLVD
DELRAY BEACH, FL 33483 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 DVP
Name PAGANO, GERRY
Address 250 S OCEAN BLVD UNIT 267
City-State-Zip: DELRAY BEACH FL 33483

Title DIRECTOR, T
Name FROST, THERESIA
Address 250 S OCEAN BLVD #258
City-State-Zip: DELRAY BEACH FL 33483

Title D
Name VENTOSA, KAREN
Address 13 MICHAEL DR
City-State-Zip: WAPPINGERS FALLS NY 12590

Title D
Name LEVINE, MINDY
Address 400 S OCEAN BLVD UNIT 207
City-State-Zip: DELRAY BEACH FL 33483

Title DP
Name GARDELLA, DEAN
Address 250 S OCEAN BLVD UNIT 258
City-State-Zip: DELRAY BEACH FL 33483

Title D
Name BOWE, PATRICIA
Address 250 S OCEAN BLVD APT 259
City-State-Zip: DELRAY BEACH FL 33483

Title D, S
Name LEVINE, KATE
Address 400 S OCEAN BLVD UNIT 207
City-State-Zip: DELRAY BEACH FL 33483

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: THERESIA FROST

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04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date