## 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 752076** 

Entity Name: WOODBERRY LAKES HOMEOWNERS ASSOCIATION, INC.

**FILED** May 29, 2020 **Secretary of State** 6082641689CC

## **Current Principal Place of Business:**

FIRST SERVICE RESIDENTIAL 11621 KEW GARDENS AVENUE SUITE 200 PALM BEACH GARDENS, FL 33410

## **Current Mailing Address:**

FIRST SERVICE RESIDENTIAL 11621 KEW GARDENS AVENUE SUITE 200 PALM BEACH GARDENS, FL 33410 US

FEI Number: 59-2171323 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

SJW LAW GROUP, PLLC 12300 SOUTH SHORE BLVD SUITE 202 WELLINGTON, FL 33414 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:

Date

Officer/Director Detail:

Title **PRESIDENT** Title DIRECTOR

Name O'CONNOR, JAMES Name WHITE, DONALD

FIRST SERVICE RESIDENTIAL FIRST SERVICE RESIDENTIAL Address Address 11621 KEW GARDENS AVENUE 11621 KEW GARDENS AVENUE

> SUITE 200 SUITE 200

PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 City-State-Zip: City-State-Zip:

Title SECRETARY, TREASURER Title VP

TEAHAN, THERESA SHEPPARD, SCOTT Name Name

FIRST SERVICE RESIDENTIAL FIRST SERVICE RESIDENTIAL Address Address

11621 KEW GARDENS AVENUE 11621 KEW GARDENS AVENUE

SUITE 200 SUITE 200

PALM BEACH GARDENS FL 33410 City-State-Zip: PALM BEACH GARDENS FL 33410 City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR** 

Name DECARIO, RAY Name CARPENTER, ERICA

1930 COMMERCE LANE FIRST SERVICE RESIDENTIAL Address Address

SUITE #1 11621 KEW GARDENS AVENUE

SUITE 200 JUPITER FL 33458

PALM BEACH GARDENS FL 33410 City-State-Zip:

Title DIRECTOR

City-State-Zip:

Title **DIRECTOR** Name GRONEK, SANDRA Name RIECKS, PETER

Address FIRST SERVICE RESIDENTIAL

11621 KEW GARDENS AVENUE FIRST SERVICE RESIDENTIAL Address 11621 KEW GARDENS AVENUE SUITE 200

SUITE 200 PALM BEACH GARDENS FL 33410

City-State-Zip: PALM BEACH GARDENS FL 33410 City-State-Zip:

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.

**PRESIDENT** 05/29/2020 SIGNATURE: JAMES O'CONNOR