

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

DOCUMENT# 753030

**Entity Name:** VILLAS OF BURWICK AND THURSTON HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**4227 NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33410**Current Mailing Address:**C/O SEA BREEZE CMS  
4227 NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33410 US**FEI Number:** 59-2063593**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSS, EARLE, BONAN & ENSOR, P.A.  
789 SW FEDERAL HWY.  
SUITE 101  
STUART, FL 34994 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:** BONAN**02/24/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                                           |
|-----------------|-------------------------------------------|
| Title           | PRESIDENT                                 |
| Name            | MOORE, LISA                               |
| Address         | C/O SEA BREEZE CMS<br>4227 NORTHLAKE BLVD |
| City-State-Zip: | PALM BEACH GARDENS FL 33410               |

|                 |                                           |
|-----------------|-------------------------------------------|
| Title           | VP                                        |
| Name            | LOCASCIO, COLLEEN                         |
| Address         | C/O SEA BREEZE CMS<br>4227 NORTHLAKE BLVD |
| City-State-Zip: | PALM BEACH GARDENS FL 33410               |

|                 |                                           |
|-----------------|-------------------------------------------|
| Title           | TREASURER                                 |
| Name            | WITZENBOKER, NANCY                        |
| Address         | C/O SEA BREEZE CMS<br>4227 NORTHLAKE BLVD |
| City-State-Zip: | PALM BEACH GARDENS FL 33410               |

|                 |                                           |
|-----------------|-------------------------------------------|
| Title           | SECRETARY                                 |
| Name            | VISCONTI, ARLINE                          |
| Address         | C/O SEA BREEZE CMS<br>4227 NORTHLAKE BLVD |
| City-State-Zip: | PALM BEACH GARDENS FL 33410               |

|                 |                                           |
|-----------------|-------------------------------------------|
| Title           | DIRECTOR                                  |
| Name            | EMERT, WAYNE                              |
| Address         | C/O SEA BREEZE CMS<br>4227 NORTHLAKE BLVD |
| City-State-Zip: | PALM BEACH GARDENS FL 33410               |

*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:** LISA MOORE**PRESIDENT****02/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date