2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 754503

Entity Name: GLADEWIND HEIGHTS HOMEOWNERS ASSOCIATION, INC.

FILED
Jul 01, 2019
Secretary of State
5709101786CC

Current Principal Place of Business:

C/O HARBOR MANAGEMENT SERVICES 15600 SW 288 ST #406 HOMESTEAD, FL 33033

Current Mailing Address:

C/O HARBOR MANAGEMENT SERVICES PO BOX 924176 HOMESTEAD, FL 33092-4176 US

FEI Number: 59-2115921 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SKRLD, INC. 201 ALHAMBRA CIRCLE, 11TH FLOOR CORAL GABLES, FL 33134 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: MICHAEL REHR 07/01/2019

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title VP, DIRECTOR Title P, DIRECTOR

Name RUTH, NADDEO Name ELIZABETH, HENDRICH

Address C/O HARBOR MANAGEMENT Address C/O HARBOR MANAGEMENT

SERVICES SERVICES

15600 SW 288 ST #406 15600 SW 288 ST #406

City-State-Zip: HOMESTEAD FL 33033 City-State-Zip: HOMESTEAD FL 33033

Title TREASURER, DIRECTOR Title DIRECTOR

Name MONTIEL, LUISA Name CASCO, JONATHAN

Address C/O HARBOR MANAGEMENT Address C/O HARBOR MANAGEMENT SERVICES SERVICES

15600 SW 288 ST #406 SERVICES 15600 SW 288 ST #406

City-State-Zip: HOMESTEAD FL 33033 City-State-Zip: HOMESTEAD FL 33033

Title SECRETARY, DIRECTOR

Name MUIR, ALINA

Address C/O HARBOR MANAGEMENT

SERVICES

15600 SW 288 ST #406

City-State-Zip: HOMESTEAD FL 33033

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 HENDRICH PRESIDENT 07/01/2019