2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754503

Entity Name: GLADEWIND HEIGHTS HOMEOWNERS ASSOCIATION, INC.

FILED
Jan 14, 2020
Secretary of State
7587967625CC

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 01/14/2020

Electronic Signature of Registered Agent

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
 MUIR, ALINA

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 SECRETARY, DIRECTOR

Name CLAUSER, JUDY

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 01/14/2020

Date