

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

DOCUMENT# N02000000302

**Entity Name:** WILLOUGHBY CAY HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Feb 03, 2023**  
**Secretary of State**  
**4370729595CC**

**Current Principal Place of Business:**

VESTA PROPERTY SERVICES  
333 17TH STREET, SUITE A  
VERO BEACH, FL 32960

**Current Mailing Address:**

VESTA PROPERTY SERVICES  
333 17TH STREET, SUITE A  
VERO BEACH, FL 32960 US

**FEI Number: 51-0432954**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ROSS EARLE & BONAN, P.A.  
789 S. FEDERAL HIGHWAY - 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CRUM, KATHLEEN  
Address        VESTA PROPERTY SERVICES  
                  333 17TH STREET, SUITE A  
City-State-Zip: VERO BEACH FL 32960

Title            VP  
Name            SCHULTE, DARIA  
Address        VESTA PROPERTY SERVICES  
                  333 17TH STREET, SUITE A  
City-State-Zip: VERO BEACH FL 32960

Title            DIRECTOR  
Name            POTTER, BILL  
Address        VESTA PROPERTY SERVICES  
                  333 17TH STREET, SUITE A  
City-State-Zip: VERO BEACH FL 32960

Title            DIRECTOR  
Name            GLUCKMAN, WILL  
Address        VESTA PROPERTY SERVICES  
                  333 17TH STREET, SUITE A  
City-State-Zip: VERO BEACH FL 32960

Title            SECRETARY  
Name            SANDERS, WENDELL  
Address        VESTA PROPERTY SERVICES  
                  333 17TH STREET, SUITE A  
City-State-Zip: VERO BEACH FL 32960

*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: KATHLEEN CRUM**

**PRESIDENT**

**02/03/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date