## 2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004514

Entity Name: KEY WEST LANDINGS HOMEOWNERS ASSOCIATION, INC.

**FILED** Mar 26, 2025 **Secretary of State** 8197074722CC

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

10500 UNIVERSITY CENTER DR.

**SUITE 190** 

TAMPA, FL 33612

## **Current Mailing Address:**

10500 UNIVERSITY CENTER DR.

**SUITE 190** 

TAMPA, FL 33612 US

FEI Number: 20-4642342 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

VANGUARD MANAGEMENT GROUP, LLC. 10500 UNIVERSITY CENTER DR. SUITE 190

TAMPA, FL 33612 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: JANNA WINFIELD 03/26/2025

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **TREASURER** Title **PRESIDENT** 

Name STOCK, RICHARD Name BAKER, THOMAS

10500 UNIVERSITY CENTER DR. 10500 UNIVERSITY CENTER DR. Address Address

> **SUITE 190** SUITE 190

City-State-Zip: TAMPA FL 33612 City-State-Zip: TAMPA FL 33612

Title **SECRETARY** Title **DIRECTOR** 

Name JOHNSON, ALISA Name LOCKARD, JASON

Address 10500 UNIVERSITY CENTER DR. Address 10500 UNIVERSITY CENTER DR. SUITE 190

**SUITE 190** 

City-State-Zip: TAMPA FL 33612 City-State-Zip: TAMPA FL 33612

Title ٧P

VAN HOEK, JAN Name

10500 UNIVERSITY CENTER DR. Address

SUITE 190

City-State-Zip: TAMPA FL 33612

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: BAKER, THOMAS

**PRESIDENT** 

03/26/2025