

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000008902

**FILED**  
**Mar 19, 2014**  
**Secretary of State**  
**CC2577150388**

**Entity Name:** WICKLOW AT TWINEAGLES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

WICKLOW LANE  
NAPLES, FL 34120

**Current Mailing Address:**

6017 PINE RIDGE ROAD - SUITE 262  
NAPLES, FL 34119

**FEI Number:** 20-5431134

**Certificate of Status Desired:** No

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

BLOOM, KEN  
6017 PINE RIDGE ROAD - SUITE 262  
NAPLES, FL 34119 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 P  
Name SOLOMON, ANTHONY  
Address 3185 HORSESHOE DRIVE SOUTH  
City-State-Zip: NAPLES FL 34104

Title VP  
Name TAYLOR, MARK  
Address 3185 HORSESHOE DRIVE SOUTH  
City-State-Zip: NAPLES FL 34104

Title ST  
Name WELKS, KAREN  
Address 3185 HORSESHOE DRIVE SOUTH  
City-State-Zip: NAPLES FL 34104

*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: SOLOMON , ANTHONY P

PRES

03/19/2014

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

\_\_\_\_\_  
Date