**2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**
**Aug 28, 2025**
**Secretary of State**
**9550545448CC**

DOCUMENT# N13839

**Entity Name:** SPRINGTREE WEST COVE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

3785 NW 91ST LANE
SUNRISE, FL 33351

**Current Mailing Address:**

3785 NW 91ST LANE
SUNRISE, FL 33351 US

**FEI Number: 65-0044736**

**Certificate of Status Desired:** No

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

ANNESSER ARMENTEROS PLLC
2151 S LE JEUNE RD MEZZANINE 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: MEGAN LAZO 08/28/2025

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | DIRECTOR |
| Name | ROMANO, DAWN |
| Address | 3785 NW 91ST LANE |
| City-State-Zip: | SUNRISE FL 33351 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | BOISVERT, ANGELA |
| Address | 3785 NW 91ST LANE |
| City-State-Zip: | SUNRISE FL 33351 |

| | |
|---|---|
| Title | TREASURER |
| Name | ORTIZ, GISSELA |
| Address | 3785 NW 91ST LANE |
| City-State-Zip: | SUNRISE FL 33351 |

| | |
|---|---|
| Title | ASST. TREASURER |
| Name | NEWMAN-SILVERA, CHEREE |
| Address | 3785 NW 91ST LANE |
| City-State-Zip: | SUNRISE FL 33351 |

| | |
|---|---|
| Title | PRESIDENT |
| Name | KENNEDY, GIOVANNA |
| Address | 3785 NW 91ST LANE |
| City-State-Zip: | SUNRISE FL 33351 |

| | |
|---|---|
| Title | VP |
| Name | GUERRERO, ZAYDA |
| Address | 3785 NW 91ST LANE |
| City-State-Zip: | SUNRISE FL 33351 |

| | |
|---|---|
| Title | SECRETARY |
| Name | ROQUE, CHRISTINA |
| Address | 3785 NW 91ST LANE |
| City-State-Zip: | SUNRISE FL 33351 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | GUERRERO, ALEX |
| Address | 3785 NW 91ST LANE |
| City-State-Zip: | SUNRISE FL 33351 |

**Continues on page 2**

*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: GISSELA ORTIZ TREASURER 08/28/2025

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | DIRECTOR |
| Name | PEREZ, LUCY |
| Address | 3785 NW 91ST LANE |
| City-State-Zip: | SUNRISE FL 33351 |