

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

DOCUMENT# N15000006775

**Entity Name:** BINKS POINTE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**3900 WOODLAKE BLVD.  
309  
LAKE WORTH , FL 33463**Current Mailing Address:**3900 WOODLAKE BLVD.  
309  
LAKE WORTH, FL 33463 US**FEI Number:** 81-4973383**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FIELDS & BACHOVE, PLLC  
4440 PGA BLVD.  
308  
PALM BEACH GARDENS , FL 33410 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:** SCHICKEDANZ , GERHARD H

03/06/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	KESNER , KASA
Address	3900 WOODLAKE BLVD. 309
City-State-Zip:	LAKE WORTH FL 33463

Title	VP
Name	STOFSTALL, NANCY
Address	3900 WOODLAKE BLVD. 309
City-State-Zip:	LAKE WORTH FL 33463

Title	TREASURER
Name	TAYLOR , GARLAND
Address	3900 WOODLAKE BLVD. 309
City-State-Zip:	LAKE WORTH FL 33463

Title	SECRETARY
Name	SUCRE, MORELLA
Address	3900 WOODLAKE BLVD. 309
City-State-Zip:	LAKE WORTH FL 33463

Title	DIRECTOR
Name	BASORE, MYLES
Address	3900 WOODLAKE BLVD. 309
City-State-Zip:	LAKE WORTH FL 33463

*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:** KESNER KASA

PRESIDENT

03/06/2023

Electronic Signature of Signing Officer/Director Detail

Date