

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000009372

**Entity Name:** MANDERLIE AT TRADITION HOMEOWNER'S ASSOCIATION, INC.

**FILED**  
**Mar 27, 2024**  
**Secretary of State**  
**5492562148CC**

**Current Principal Place of Business:**

11972 SW LYRA DRIVE  
PORT ST. LUCIE, FL 34972

**Current Mailing Address:**

3171 SE DOMINICA TERRACE  
STUART, FL 34997 US

**FEI Number:** 85-3285816

**Certificate of Status Desired:** No

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

BURGESS, KELLI  
3171 SE DOMINICA TERR  
STUART, FL 34997 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:** KELLI BURGESS

**03/27/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title OFFICER  
Name SPELL, BROOKE  
Address 3171 SE DOMINICA TERRACE  
City-State-Zip: STUART FL 34997

Title TREASURER  
Name WIDTH, DAVID  
Address 3171 SE DOMINICA TERR  
City-State-Zip: STUART FL 34997

Title SECRETARY  
Name MALEK, ELIZABETH  
Address 3171 SE DOMINICA TERR  
City-State-Zip: STUART FL 34997

Title VP  
Name HOWE, LEANNE  
Address 3171 SE DOMINICA TERR  
City-State-Zip: STUART FL 34997

Title PRESIDENT  
Name CHRISTENSEN, SHERMAN  
Address 3171 SE DOMINICA TERR  
City-State-Zip: STUART FL 34997

*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:** SHERMAN CHRISTENSEN

**PRESIEDENT**

**03/27/2024**

Electronic Signature of Signing Officer/Director Detail

Date