

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

DOCUMENT# N23000004156

**Entity Name:** WASHINGTON SHORES ELEMENTARY PTO, INC.

**Current Principal Place of Business:**

944 W. LAKE MANN DRIVE  
ORLANDO, FL 32805

**Current Mailing Address:**

944 W. LAKE MANN DRIVE  
ORLANDO, FL 32805 UN

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

HARP-POOLE, BUFFY N  
944. W. LAKE MANN DRIVE  
ORLANDO, FL 32805 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:** HARP-POOLE ,BUFFY ,N

03/07/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name ROBBINS, ASHLEY  
Address 944 W. LAKE MANN DRIVE  
City-State-Zip: ORLANDO FL 32805

Title VP  
Name WRIGHT, KENNETH  
Address 944 W. LAKE MANN DRIVE  
City-State-Zip: ORLANDO FL 32805

Title VP  
Name WILLIAMS, SHACAREE  
Address 944. W. LAKE MANN DRIVE  
City-State-Zip: ORLANDO FL 32805

Title CS  
Name GADSON, VELORIA  
Address 944 W. LAKE MANN DRIVE  
City-State-Zip: ORLANDO FL 32805

Title RS  
Name ROBBINS, JILL  
Address 944 W. LAKE MANN DRIVE  
City-State-Zip: ORLANDO FL 32808

Title T  
Name HARP-POOLE, BUFFY  
Address 944 W. LAKE MANN DRIVE  
City-State-Zip: ORLANDO FL 32805

*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:** ROBBINS,ASHLEY

P

03/07/2024

Electronic Signature of Signing Officer/Director Detail

Date