

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N24889

**Entity Name:** WINTER SPRINGS SENIOR CENTER, INC.

**Current Principal Place of Business:**

400 NORTH EDGEMON AVE  
% PRESIDENT  
WINTER SPRINGS, FL 32708

**Current Mailing Address:**

400 NORTH EDGEMON AVE  
% PRESIDENT  
WINTER SPRINGS, FL 32708

**FEI Number:** 59-2952689

**Certificate of Status Desired:** No

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

HATCH, NANCY M  
318 CASA GRANDE COURT  
WINTER SPRINGS, FL 32708 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:** NANCY M HATCH

02/21/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           HATCH, NANCY M  
Address        318 CASA GRANDE CT  
City-State-Zip: WINTER SPRINGS FL 32708

Title           PRESIDENT  
Name           CASSANO, BARBARA  
Address        821 SHALLOW BROOK AVE  
City-State-Zip: WINTER SPRINGS FL 32708

Title           VP  
Name           SHEA, BETTY  
Address        202 EL CAMINO REAL  
City-State-Zip: WINTER SPRINGS FL 32708

Title           DIRECTOR  
Name           RIVERIA, LINDA  
Address        117 N ALDERWOOD ST  
City-State-Zip: WINTER SPRINGS FL

Title           DIRECTOR  
Name           CARTER, PATRICIA  
Address        18 LA VISTA CIRCLE  
City-State-Zip: WINTER SPRINGS FL

*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:** NANCY M HATCH

TREASURER

02/21/2020

Electronic Signature of Signing Officer/Director Detail

Date