

2023 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:

LEWIS, PHYLLIS G
517 SEASONS 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: PHYLLIS LEWIS

04/30/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name LEWIS, PHYLLIS G
Address 517 SEASONS COURT
City-State-Zip: WINTER SPRINGS FL 32708

Title PRESIDENT
Name CARTER, PATRICIA
Address 18 LAVISTA CIRCLE
City-State-Zip: WINTER SPRINGS FL 32708

Title VP
Name LEON, NELLIE
Address 169 3RD STREET
City-State-Zip: WINTER SPRINGS FL 32708

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

Title DIRECTOR
Name MILES, GENNIFER
Address 518 SHANE CIRCLE
City-State-Zip: WINTER SPRINGS FL

Title SECRETARY
Name SCHLEPPI, MICHAEL
Address 320 CASA GRANDE COURT
City-State-Zip: WINTER SPRINGS FL 32708

Title DIRECTOR
Name BUSCEMI, PAUL
Address 629 CLEARN COURT
City-State-Zip: WINTER SPRINGS FL 32708

Title DIRECTOR
Name GOOD, LINDA
Address 2166 WEMBLEY PLACE
City-State-Zip: OVIEDO FL 32708

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: PHYLLIS G. LEWIS

TREASURER

04/30/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name IVASZUK, NANCY
Address 1401 BLUMBERG BLVD
City-State-Zip: WINTER SPRINGS FL 32708