

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31946

Entity Name: THE GARDEN VILLAS AT GATOR TRACE OF ST. LUCIE
HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**3171 SE DOMINICA TERRACE
STUART, FL 34997**Current Mailing Address:**3171 SE DOMINICA TERRACE
STUART, FL 34997 US**FEI Number:** 65-0191725**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WADSWORTH, CHRISTOPHER
3171 SE DOMINICA TERRACE
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:** AGNES K. MICAL

04/23/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	MICAL, AGNES
Address	3171 SE DOMINICA TERRACE
City-State-Zip:	STUART FL 34997

Title	SECRETARY
Name	STEVENS, KAREN
Address	3171 SE DOMINICA TERRACE
City-State-Zip:	STUART FL 34997

Title	P
Name	CRESWELL, ROBERT
Address	3171 SE DOMINICA TERRACE
City-State-Zip:	STUART FL 34997

Title	D
Name	BAILEY, THOMAS
Address	3171 SE DOMINICA TERRACE
City-State-Zip:	STUART FL 34997

Title	VP
Name	SCOTT, HARRIET
Address	3171 SE DOMINICA TERRACE
City-State-Zip:	STUART FL 34997

Title	DIRECTOR
Name	KELLY, JEAN
Address	3171 SE DOMINICA TERRACE
City-State-Zip:	STUART FL 34997

Title	DIRECTOR
Name	RENALDY, CARMEN
Address	3171 SE DOMINICA TERRACE
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: ROBERT CRESWELL

PRESIDENT

04/23/2021

Electronic Signature of Signing Officer/Director Detail

Date