2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39069

Entity Name: WOODRIDGE ESTATES NORTH SIXTY HOMEOWNERS

ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 32779

Current Mailing Address:

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779

FEI Number: 59-3050365 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SENTRY MANAGEMENT INC 2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 32779 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: BRADLEY POMP 05/13/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title VP, DIRECTOR POOLE, RHONDA Name Name DELUCIA, GEORGE

Address 2180 WEST SR 434 STE 5000 Address 2180 WEST SR 434 STE 5000

City-State-Zip: LONGWOOD FL 32779 City-State-Zip: LONGWOOD FL 32779

Title TREASURER, DIRECTOR Title SECRETARY, DIRECTOR

CHRISTEN, MICHAEL Name MORGAN, JACK Name

Address 2180 WEST SR 434 STE 5000 Address 2180 WEST SR 434 STE 5000

LONGWOOD FL 32779 City-State-Zip: City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR Title DIRECTOR

KROLL, HARRY Name Name WEBSTER, RUSSELL

Address 2180 WEST SR 434 STE 5000 2180 WEST SR 434 STE 5000 Address LONGWOOD FL 32779 City-State-Zip:

LONGWOOD FL 32779 City-State-Zip:

Title **DIRECTOR**

Name DEBELLA, HANNAH

Address 2180 WEST SR 434 STE 5000 City-State-Zip: LONGWOOD FL 32779

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.

05/13/2024 SIGNATURE: RHONDA POOLE PRESIDENT

FILED May 13, 2024

Secretary of State

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