

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002092

Entity Name: WINDSOR PARKE PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1639 BEACH BLVD.
JACKSONVILLE BEACH, FL 32250**Current Mailing Address:**PO BOX 50886
JACKSONVILLE BEACH, FL 32240 US**FEI Number: 59-2527889****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**RIVER CITY MANAGEMENT SERVICES, INC.
1639 BEACH BLVD.
JACKSONVILLE, FL 32250 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	SECRETARY
Name	LEUPKE, JULIE
Address	1639 BEACH BLVD.
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	DIRECTOR
Name	MICHELS, DON
Address	1639 BEACH BLVD.
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	TREASURER
Name	CVERKO, ALEX
Address	1639 BEACH BLVD.
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	PRESIDENT
Name	KENNELEY, ROBERT
Address	1639 BEACH BLVD.
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	D
Name	MAZZEO, CARMEN
Address	1639 BEACH BLVD.
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	DIRECTOR
Name	JONES, TIM
Address	1639 BEACH BLVD.
City-State-Zip:	JACKSONVILLE BEACH FL 32250

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 KENNELEY**PRESIDENT****03/29/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date