#### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002093

Entity Name: HOWELL CREEK RESERVE COMMUNITY ASSOCIATION, INC.

**FILED** Apr 25, 2024 **Secretary of State** 8318600161CC

# **Current Principal Place of Business:**

323 CIRCLE DR MAITLAND, FL 32751

# **Current Mailing Address:**

323 CIRCLE DR

MAITLAND. FL 32751 US

FEI Number: 59-3339302 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

VISTA COMMUNITY ASSOCIATION MANAGEMENT 323 CIRCLE DR MAITLAND, FL 32751 US

MAITLAND FL 32751

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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail :

Title	PRESIDENT	Title	TREASURER

WALLACE, JOE WANSBURY, TIMOTHY Name Name

323 CIRCLE DR 323 CIRCLE DR Address Address

City-State-Zip: MAITLAND FL 32751 MAITLAND FL 32751 City-State-Zip:

Title DIRECTOR Title VΡ

Name WESTHALL, VICTOR STACHURSKI, ALMA Name Address 323 CIRCLE DR Address 323 CIRCLE DR

MAITLAND FL 32751 City-State-Zip: City-State-Zip: MAITLAND FL 32751

**SECRETARY** Title Title **DIRECTOR** Name ARNOLD, STACY Name CORDINEIR, MICHAEL Address 323 CIRCLE DR 323 CIRCLE DR Address

City-State-Zip: MAITLAND FL 32751 City-State-Zip: MAITLAND FL 32751

Title DIRECTOR Title DIRECTOR FUTCH, JAMES Name COSGROVE, MELISSA Name 323 CIRCLE DR Address 323 CIRCLE DR Address City-State-Zip: MAITLAND FL 32751

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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.

04/25/2024 SIGNATURE: JOE WALLACE **PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR

Name GALLO, ARTHUR Address 323 CIRCLE DR

City-State-Zip: MAITLAND FL 32751