

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005088

Entity Name: FRIENDS OF WASHINGTON OAKS GARDENS STATE PARK, INC.**FILED**
Feb 12, 2021
Secretary of State
5538771481CC**Current Principal Place of Business:**6400 N OCEANSHORE BLVD
PALM COAST, FL 32137**Current Mailing Address:**6400 N OCEANSHORE BLVD
PALM COAST, FL 32137**FEI Number: 59-3546523****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CROWLEY, LUCY PRES
31 DEERFIELD COURT
PALM COAST, FL 32137 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: LUCY CROWLEY****02/12/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	DIEDO , KAREN
Address	22 INDIANHEAD DRIVE
City-State-Zip:	ORMOND BEACH FL 32176

Title	TREASURER
Name	ALONGI, FRAN
Address	1438 CARLOW CIRCLE
City-State-Zip:	ORMOND BEACH FL 32174

Title	BOD
Name	BURNS , DAVID
Address	42 ARROWHEAD DRIVE
City-State-Zip:	PALM COAST FL 32137

Title	BOD
Name	BYRD, ELAYNE
Address	1 SAN MARCO COURT
City-State-Zip:	PALM COAST FL 32137

Title	PRES
Name	CROWLEY , LUCY
Address	31 DEERFIELD COURT
City-State-Zip:	PALM COAST FL 32137

Title	BOD
Name	NELMS, DIANE
Address	80 SURFVIEW DRIVE 104
City-State-Zip:	PALM COAST FL 32137

Title	SECRETARY
Name	MINICH , PHYLLIS
Address	10 F STREET
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	BOD
Name	DULL, BRUCE
Address	260 BEACHWAY DRIVE
City-State-Zip:	PALM COAST FL 32137

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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.

SIGNATURE: LUCY CROWLEY**PRES****02/12/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	BOD
Name	MORENO, VICTORIA
Address	17 SAN JOSE DRIVE
City-State-Zip:	PALM COAST FL 32137