

2024 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# S66593

Entity Name: WGI, INC.**Current Principal Place of Business:**2035 VISTA PKWY
WEST PALM BEACH, FL 33411**Current Mailing Address:**2035 VISTA PKWY
WEST PALM BEACH, FL 33411 US**FEI Number:** 65-0271367**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FONTAINE, KATE
2035 VISTA PKWY
WEST PALM BEACH, FL 33411 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	CHAIRMAN EMERITUS
Name	WANTMAN, JOEL
Address	2035 VISTA PKWY
City-State-Zip:	WEST PALM BEACH FL 33411

Title	VP LAND DEVELOPMENT
Name	BROPHY, JEFFREY N
Address	2035 VISTA PKWY
City-State-Zip:	WEST PALM BEACH FL 33411

Title	DIRECTOR - ARCHITECTURE
Name	LUTTMANN, ERIC
Address	2035 VISTA PKWY
City-State-Zip:	WEST PALM BEACH FL 33411

Title	PRESIDENT
Name	SAUTER, GREGORY
Address	2035 VISTA PKWY
City-State-Zip:	WEST PALM BEACH FL 33411

Title	CEO
Name	WANTMAN, DAVID
Address	2035 VISTA PKWY
City-State-Zip:	WEST PALM BEACH FL 33411

Title	SURVEY MANAGER
Name	SLAYMAKER, JEREMIAH
Address	2035 VISTA PKWY
City-State-Zip:	WEST PALM BEACH FL 33411

Title	SECRETARY
Name	FONTAINE, KATE
Address	2035 VISTA PKWY
City-State-Zip:	WEST PALM BEACH FL 33411

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATE FONTAINE**SECRETARY****04/08/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date