

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728167

Entity Name: FOUNTAIN SQUARE PARK ASSOCIATION, INC.**Current Principal Place of Business:**910 WEST 81ST PLACE
HIALEAH, FL 33014**Current Mailing Address:**P.O. BOX 4942
HIALEAH, FL 33014**FEI Number:** 59-1577777**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VAZQUEZ, ULISES
910 WEST 81ST PLACE
HIALEAH, FL 33014 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 PRESIDENT, DIRECTOR
Name VAZQUEZ, ULISES
Address 944 WEST 81 ROAD
City-State-Zip: HIALEAH FL 33014

Title SECRETARY, DIRECTOR
Name SAUMELL-YEDRA, DALIA
Address 8165 WEST 9 LANE
City-State-Zip: HIALEAH FL 33014

Title TREASURER, DIRECTOR
Name ALMEIDA, CARLOS
Address 896 W 81 PL
City-State-Zip: HIALEAH FL 33014

Title VP, DIRECTOR
Name MATIAS, JOSUE
Address 8170 WEST 8TH CT
City-State-Zip: HIALEAH FL 33014

Title DIRECTOR
Name SINGLETON, ALICIA
Address 910 WEST 81ST PLACE
City-State-Zip: HIALEAH FL 33014

Title DIRECTOR
Name TRIGUEIRO, MIKE
Address 910 WEST 81ST PLACE
City-State-Zip: HIALEAH FL 33014

Title DIRECTOR
Name CAPRILE, SERGIO
Address 910 WEST 81ST PLACE
City-State-Zip: HIALEAH FL 33014

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: ULISES VAZQUEZ**PRESIDENT****06/29/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date