

2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 738757

Entity Name: CINDI'S PLACE HOMEOWNERS ASSOCIATION, INC.

FILED
Oct 16, 2018
Secretary of State
CC4549056294

Current Principal Place of Business:

C/O HARBOR MANAGEMENT SERVICES
15600 SW 288 STREET SUITE 406
HOMESTEAD, FL 33030

Current Mailing Address:

C/O HARBOR MANAGEMENT SERVICES
PO BOX 924176
HOMESTEAD, FL 33092-4176 US

FEI Number: 59-1983023

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOODMAN-GUENTHER, JOYCE ESQ
10723 SW 104 STREET
MIAMI, FL 33176 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 DIRECTOR
Name JEDLINSKI, CHESTER
Address C/O HARBOR MANAGEMENT SERVICES
15600 SW 288 STREET SUITE 406
City-State-Zip: HOMESTEAD FL 33030

Title DIRECTOR, PRESIDENT
Name TOVAR, JOSE
Address C/O HARBOR MANAGEMENT
15600 SW 288 STREET 406
City-State-Zip: HOMESTEAD FL 33033

Title DIRECTOR
Name MEJIA, JORGE
Address 15600 SW 288 STREET
SUITE 406
City-State-Zip: HOMESTEAD FL 33033

Title DIRECTOR
Name GONZALEZ, MICHAEL
Address 15600 SW 288 ST
SUITE 406
City-State-Zip: HOMESTEAD FL 33033

Title DIRECTOR
Name BAYATZADEH, JENNIFER
Address C/O HARBOR MANAGEMENT SERVICES
15600 SW 288 STREET SUITE 406
City-State-Zip: HOMESTEAD FL 33030

Title SECRETARY, DIRECTOR,
TREASURER
Name SANTACOLOMA, JULIAN
Address 15600 SW 288 STREET
SUITE 406
City-State-Zip: HOMESTEAD FL 33033

Title DIRECTOR, VP
Name COFFEE, WENDY
Address 15600 SW 288 STREET
SUITE 406
City-State-Zip: HOMESTEAD FL 33033

Title DIRECTOR
Name LABRADOR, PUBLIO J
Address C/O HARBOR MANAGEMENT SERVICES
15600 SW 288 STREET SUITE 406
City-State-Zip: HOMESTEAD FL 33030

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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: JOSE TOVAR

PRESIDENT

10/16/2018

Officer/Director Detail Continued :

Title DIRECTOR
Name GARCIA, DAVID
Address C/O HARBOR MANAGEMENT SERVICES
 15600 SW 288 STREET SUITE 406
City-State-Zip: HOMESTEAD FL 33030