

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000005477

**Entity Name:** COLLEGE PARK OF CLERMONT HOMEOWNERS' ASSOCIATION, INC.**FILED**  
**Feb 22, 2019**  
**Secretary of State**  
**1373125864CC****Current Principal Place of Business:**C/O SOUTHWEST PROPERTY MANAGEMENT OF CENTRAL FL., INC.  
13350 W. COLONIAL DRIVE STE 330  
WINTER GARDEN, FL 34787**Current Mailing Address:**C/O SOUTHWEST PROPERTY MANAGEMENT OF CENTRAL FL., INC.  
P. O. BOX 783367  
WINTER GARDEN, FL 34778 US**FEI Number: 59-3745573****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SOUTHWEST PROPERTY MANAGEMENT OF CENTRAL FL INC.  
13350 W. COLONIAL DRIVE STE 330  
WINTER GARDEN, FL 34787 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
Name	CAINES, CHRISTOPHER
Address	C/O SOUTHWEST PROPERTY MANAGEMENT OF CENTRAL FL., INC. P. O. BOX 783367
City-State-Zip:	WINTER GARDEN FL 34778

Title	VP
Name	HELLER, STEVEN
Address	C/O SOUTHWEST PROPERTY MANAGEMENT OF CENTRAL FL., INC. P. O. BOX 783367
City-State-Zip:	WINTER GARDEN FL 34778

Title	DIRECTOR
Name	RAINES, JOSEPH JR.
Address	C/O SOUTHWEST PROPERTY MANAGEMENT OF CENTRAL FL., INC. P. O. BOX 783367
City-State-Zip:	WINTER GARDEN FL 34778

Title	SECRETARY
Name	KORNEGAY, CHARLES E
Address	C/O SOUTHWEST PROPERTY MANAGEMENT OF CENTRAL FL., INC. P. O. BOX 783367
City-State-Zip:	WINTER GARDEN FL 34778

Title	DIRECTOR
Name	WILSON, MICHAEL
Address	C/O SOUTHWEST PROPERTY MANAGEMENT OF CENTRAL FL., INC. P. O. BOX 783367
City-State-Zip:	WINTER GARDEN FL 34778

*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: CHRISTOPHER CAINES****PRESIDENT****02/22/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date