

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000000651

**FILED**  
**Apr 24, 2017**  
**Secretary of State**  
**CC0177484904**

**Entity Name:** MOSS PARK PROPERTY OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

6972 LAKE GLORIA BLVD.  
ORLANDO, FL 32809

**Current Mailing Address:**

6972 LAKE GLORIA BLVD.  
ORLANDO, FL 32809 US

**FEI Number: 04-3602658**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LELAND MANAGEMENT  
6972 LAKE GLORIA BLVD  
ORLANDO, FL 32809 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            BARR, MICHELLE  
Address        6972 LAKE GLORIA BLVD.  
City-State-Zip: ORLANDO FL 32809

Title            SECRETARY, TREASURER  
Name            HEIDELMAN, JOSH  
Address        6972 LAKE GLORIA BLVD.  
City-State-Zip: ORLANDO FL 32809

Title            DIRECTOR  
Name            TRIERWEILLER, ROBERT  
Address        6972 LAKE GLORIA BLVD.  
City-State-Zip: ORLANDO FL 32809

Title            DIRECTOR  
Name            LIVINGSTON, FRED  
Address        6972 LAKE GLORIA BLVD.  
City-State-Zip: ORLANDO FL 32809

Title            DIRECTOR  
Name            BRUEHL, ROGER  
Address        6972 LAKE GLORIA BLVD.  
City-State-Zip: ORLANDO FL 32809

Title            DIRECTOR  
Name            KREHELY, JOHN  
Address        6972 LAKE GLORIA BLVD.  
City-State-Zip: ORLANDO FL 32809

Title            VP  
Name            TJERNAGEL, MARK  
Address        6972 LAKE GLORIA BLVD.  
City-State-Zip: ORLANDO FL 32809

*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: MICHELLE BARR**

**PRESIDENT**

**04/24/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date