

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009401

Entity Name: MOSS PARK RESERVE HOMEOWNER'S ASSOCIATION, INC.**FILED**
Apr 18, 2021
Secretary of State
8679159474CC**Current Principal Place of Business:**C/O ASSOCIA-COMMUNITY MANAGEMENT PROFESSIONALS
4700 MILLENIA BLVD SUITE 515
ORLANDO, FL 32839**Current Mailing Address:**C/O ASSOCIA-COMMUNITY MANAGEMENT PROFESSIONALS
4700 MILLENIA BLVD SUITE 515
ORLANDO, FL 32839 US**FEI Number: 74-3107848****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ASSOCIA-COMMUNITY MANAGEMENT PROFESSIONALS, INC.
C/O ASSOCIA-COMMUNITY MANAGEMENT PROFESSIONALS
4700 MILLENIA BLVD SUITE 515
ORLANDO, FL 32839 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:** GABRIELA.JAKOBSEN@ASSOCIA.US**04/18/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name SMITH, REGINALD
Address C/O ASSOCIA-COMMUNITY
MANAGEMENT PROFESSIONALS
4700 MILLENIA BLVD SUITE 515
City-State-Zip: ORLANDO FL 32839

Title DIRECTOR
Name CURRY, JOHN
Address C/O ASSOCIA-COMMUNITY
MANAGEMENT PROFESSIONALS
4700 MILLENIA BLVD SUITE 515
City-State-Zip: ORLANDO FL 32839

Title TREASURER
Name ALDAY, JASON JAMES
Address C/O ASSOCIA-COMMUNITY
MANAGEMENT PROFESSIONALS
4700 MILLENIA BLVD SUITE 515
City-State-Zip: ORLANDO FL 32839

Title VP
Name CHILES, JULIETTE
Address C/O ASSOCIA-COMMUNITY
MANAGEMENT PROFESSIONALS
4700 MILLENIA BLVD SUITE 515
City-State-Zip: ORLANDO FL 32839

Title PRESIDENT
Name BRAVO, JORGE
Address C/O ASSOCIA-COMMUNITY
MANAGEMENT PROFESSIONALS
4700 MILLENIA BLVD SUITE 515
City-State-Zip: ORLANDO FL 32839

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: JORGE BRAVO**PRESIDENT****04/18/2021**

Electronic Signature of Signing Officer/Director Detail

Date