## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006391

Entity Name: SHARING CENTER PROPERTIES, INC.

**FILED** Mar 23, 2019 **Secretary of State** 4845685708CC

## **Current Principal Place of Business:**

600 N HWY 17-92 - STE 158 LONGWOOD, FL 32750

## **Current Mailing Address:**

600 N HWY 17-92 - STE 158 LONGWOOD. FL 32750

FEI Number: 20-1301131 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

YON, NINA 600 N HWY 17-92 - STE 158 LONGWOOD, FL 32750 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: NINA YON 03/23/2019

Electronic Signature of Registered Agent

Date

Date

Officer/Director Detail:

Title PAST CHAIRMAN Title PRESIDENT/CEO

REED, STEVE R. Name YON, NINA Name

1822 OAKBROOK DR. 676 OAK HOLLOW WAY Address Address

City-State-Zip: ALTAMONTE SPRINGS FL 32714 LONGWOOD FL 32779 City-State-Zip:

Title **TREASURER** Title **CHAIRMAN** 

Name HENDRICKS, TIMOTHY A Name COX, BRIAN J.

Address 410 MYRTLE ST Address 1546 WESTOVER LOOP

LONGWOOD FL 32750 City-State-Zip: City-State-Zip: LAKE MARY FL 32746

Title **SECRETARY** VC Title Name RYAN, CINDY Name O'CONNOR, GAIL Address 870 CLARK ST. Address 1311 MYRTLE DR

Electronic Signature of Signing Officer/Director Detail

STE. 1000

City-State-Zip: LONGWOOD FL 32750 City-State-Zip: OVIEDO FL 32765

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.

03/23/2019 SIGNATURE: NINA YON PRESIDENT/CEO