

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000006391

**Entity Name:** SHARING CENTER PROPERTIES, INC.

**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:** No

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

ROMAGOSA, ANGELA M  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name STEPHENSON, PETER  
Address 4901 SHORELINE CIRCLE  
City-State-Zip: SANFORD FL 32771

Title PAST CHAIR  
Name BLACKADAR, DONALD B JR.  
Address 174 VARSITY CIRCLE  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title VC  
Name O'BRIEN, RICHARD  
Address 8341 LAKE SERENE DR.  
City-State-Zip: ORLANDO FL 32826

Title P  
Name ROMAGOSA, ANGELA M  
Address 210 COLUMBUS CIRCLE  
City-State-Zip: LONGWOOD FL 32750

Title SECRETARY  
Name MEALOR, LAURIE  
Address 123 PARK PLACE  
City-State-Zip: LAKE MARY FL 32746

Title TREASURER  
Name COCHRAN, CHRISTOPHER M  
Address 3813 EMERALD ESTATES CIRCLE  
City-State-Zip: APOPKA FL 32703

*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:** ANGELA M. ROMAGOSA

**PRESIDENT/CEO**

**02/19/2014**

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

\_\_\_\_\_  
Date