

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005571

FILED
Jan 06, 2014
Secretary of State
CC1746876396

Entity Name: OVIEDO FOREST MASTER HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2306 POST OAK CT.
OCOEE, FL 34761

Current Mailing Address:

2306 POST OAK CT.
OCOEE, FL 34761 US

FEI Number: 87-0794937

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OLDSEN, CYNTHIA K
2306 POST OAK CT.
OCOEE, FL 34761 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: CYNTHIA K. OLDSSEN

01/06/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BLANNER, GREG
Address 943 BIGHORN ST
City-State-Zip: OVIEDO FL 32765

Title VP
Name BASCO, DAMON
Address 613 COMANCHE ST
City-State-Zip: OVIEDO FL 32765

Title SECRETARY
Name HIBBS, CORY
Address 901 BIGHORN ST
City-State-Zip: OVIEDO FL 32765

Title TREASURER
Name BALL, CLIFF
Address 620 HOLLY SPRINGS TERR
City-State-Zip: OVIEDO FL 32765

Title DIRECTOR
Name ALCALA, JOE
Address 2167 CAMEL LAKE DR
City-State-Zip: OVIEDO FL 32765

Title DIRECTOR
Name COLE, DOUGLAS
Address 2111 ROCKY BLUFF CT
City-State-Zip: OVIEDO FL 32765

Title DIRECTOR
Name KISSANE, JESSICA
Address 780 HOLLY SPRINGS CT
City-State-Zip: OVIEDO FL 32765

Title DIRECTOR
Name MALDONADO, RENE
Address 2609 GABRIELLE WOODS PL
City-State-Zip: OVIEDO FL 32765

Continues on page 2

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: GREG BLANNER

PRESIDENT

01/06/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name TYNE, JAY
Address 589 COMANCHE ST
City-State-Zip: OVIEDO FL 32765