

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

DOCUMENT# N06000005571

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

**FILED**  
**Jun 19, 2017**  
**Secretary of State**  
**CC3393874355**

**Current Principal Place of Business:**

C/O COMMUNITY MANAGEMENT SPECIALISTS, INC.  
1942 W CR 419, SUITE 1030  
OVIEDO, FL 32766

**Current Mailing Address:**

C/O COMMUNITY MANAGEMENT SPECIALISTS, INC.  
1942 W CR 419, SUITE 1030  
OVIEDO, FL 32766 US

**FEI Number: 87-0794937**

**Certificate of Status Desired: No**

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

COMMUNITY MANAGEMENT SPECIALISTS, INC.  
1942 W CR 419  
SUITE 1030  
OVIEDO, FL 32766 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            RUSSO, DAN  
Address        1942 W CR 419  
                 SUITE 1030  
City-State-Zip: OVIEDO FL 32766

Title            DIRECTOR  
Name            WEBB, BILL  
Address        1942 W CR 419  
                 SUITE 1030  
City-State-Zip: OVIEDO FL 32766

Title            VP  
Name            RAY, ROSA  
Address        1942 W CR 419  
                 SUITE 1030  
City-State-Zip: OVIEDO FL 32766

Title            DIRECTOR  
Name            MALDONADO, RENE  
Address        1942 W CR 419  
                 SUITE 1030  
City-State-Zip: OVIEDO FL 32766

Title            DIRECTOR  
Name            TYNE, JAY  
Address        1942 W CR 419  
                 SUITE 1030  
City-State-Zip: OVIEDO FL 32766

Title            SECRETARY, TREASURER  
Name            RAMOS, ERIKA  
Address        1942 W CR 419  
                 SUITE 1030  
City-State-Zip: OVIEDO FL 32766

*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: DAN RUSSO**

**PRESIDENT**

**06/19/2017**

