## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011415

Entity Name: MCCORMICK WOODS HOMEOWNERS ASSOCIATION, INC.

**FILED** Mar 08, 2017 **Secretary of State** CC4858687869

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

4700 MILLENIA BLVD.

**SUITE 515** 

ORLANDO, FL 32839

## **Current Mailing Address:**

4700 MILLENIA BLVD.

**SUITE 515** 

ORLANDO, FL 32839 US

FEI Number: 20-8068825 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ASSCOIA/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: MARC RODRIGUEZ 03/08/2017

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title

Name VAZQUEZ, ABIJAIL J Name WOODS, LENETTA M

4700 MILLENIA BLVD. 4700 MILLENIA BLVD. Address Address SUITE 515 SUITE 515

City-State-Zip: ORLANDO FL 32839 City-State-Zip: ORLANDO FL 32839

Title **SECRETARY** Title **TREASURER** 

Name FRY, THOMAS L Name BROWN, HIRIAM F

Address 4700 MILLENIA BLVD. Address 4700 MILLENIA BLVD.

SUITE 515 **SUITE 515** ORLANDO FL 32839 City-State-Zip: ORLANDO FL 32839

Title DIRECTOR KARPUS, NILSA Name

City-State-Zip:

4700 MILLENIA BLVD. Address

**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: ABIJAIL VAZQUEZ **PRESIDENT** 03/08/2017