

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000004573

**Entity Name:** REGION 13 FLORIDA CUP SERIES, INC.

**Current Principal Place of Business:**

446 SPRING HOLLOW BLVD.  
APOPKA, FL 32712

**Current Mailing Address:**

446 SPRING HOLLOW BOULEVARD  
APOPKA, FL 32712 US

**FEI Number:** 26-0636232

**Certificate of Status Desired:** No

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

TORRES, MIGUEL  
446 SPRING HOLLOW BOULEVARD  
APOPKA, FL 32712 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:** MIGUEL TORRES

04/29/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name TORRES, MIGUEL  
Address 446 SPRING HOLLOW BLVD.  
City-State-Zip: APOPKA FL 32712

Title VP  
Name WILLIAMSON, MIKE  
Address 182 KENTUCKY BLUE CIRCLE  
City-State-Zip: APOPKA FL 32712

Title T  
Name KUNSTBECK, SAMANTHA G  
Address 2399 PALM DRIVE  
City-State-Zip: PORT ORANGE FL 32128

Title S  
Name LUTZ, AMANDA  
Address 244 PALM CASTLE DRIVE  
City-State-Zip: PORT ORANGE FL 32127

Title D  
Name GERTSCH, SCOTT  
Address 600 NORTH STREET  
City-State-Zip: NEW SMYRNA FL 32168

*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:** MIGUEL TORRES

**PRESIDENT**

04/29/2013

Electronic Signature of Signing Officer/Director Detail

Date