

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11477

Entity Name: NSA/CENTRAL FLORIDA, INC.**Current Principal Place of Business:**10317 LAKE CARROLL WAY
TAMPA, FL 33618**Current Mailing Address:**PO BOX 273228
TAMPA, FL 33688-3228 US**FEI Number: 74-2422644****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MONTGOMERY, NANCY D
10317 LAKE CARROLL WAY
TAMPA, FL 33618 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 VP
Name MASTERS, ANDY
Address 9931 HATTON CIRCLE, ORLANDO,
FLORIDA, 32832
City-State-Zip: ORLANDO FL 32832

Title PAST PRESIDENT
Name BANTHER, BARRY
Address 622 EAST TARPON AVE
City-State-Zip: TARPON SPRINGS FL 34689

Title TREASURER
Name ROSENBLATT, BILL
Address 134 HATTAWAY DR,
City-State-Zip: ORLANDO FL 32701

Title PRESIDENT
Name SWEENEY, COLLEEN
Address 5507 MERRITT ISLAND DR.
City-State-Zip: APOLLO BEACH FL 33572

Title PRES ELECT
Name MARGOLIS, CAROL
Address 1822 VALLEY WOOD WAY
City-State-Zip: LAKE MARY FL 32746

Title SECRETARY
Name KELLOG, TIFFANIE
Address 23805 LAKE HILLS DR
City-State-Zip: LUTZ FL 33549

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: COLLEEN SWEENEY**PRESIDENT****04/07/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date