

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000002244

**Entity Name:** CENTRAL PHILIPPINE UNIVERSITY ALUMNI ASSOCIATION OF FLORIDA INC.**FILED**  
**Apr 11, 2019**  
**Secretary of State**  
**3500514451CC****Current Principal Place of Business:**5912 SHORE ACRES DRIVE  
BRADENTON, FL 34209**Current Mailing Address:**5912 SHORE ACRES DRIVE  
BRADENTON, FL 34209 US**FEI Number: 37-1694766****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**TURALBA, EVELYN  
5912 SHORE ACRES DRIVE  
BRADENTON, FL 34209 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: EVELYN TURALBA****04/11/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DP
Name	SANCHEZ, MICHO L
Address	8609 SUNNY HOLLOW LANE
City-State-Zip:	ORLANDO FL 32819

Title	DS
Name	TURALBA, EVELYN
Address	5912 SHORE ACRES DRIVE
City-State-Zip:	BRADENTON FL 34209

Title	DT
Name	MENESES, ESPERANZA
Address	630 LAKESCAPE COURT
City-State-Zip:	ORLANDO FL 32828

Title	D
Name	HABARADAS, ANTONIO SALCEDO
Address	3911 ROCK HILL LOOP
City-State-Zip:	APOPKA FL 32712

Title	AUDITOR
Name	HABARADAS, SHIRLEY
Address	3911 ROCK HILL LOOP
City-State-Zip:	APOPKA FL 32712

Title	VP
Name	SIMON, HONEYLITO
Address	122 ROYAL PINE CIRCLE NORTH
City-State-Zip:	ROYAL PALM BEACH FL 33411

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: EVELYN TURALBA****ASST. SECRETARY****04/11/2019**

Electronic Signature of Signing Officer/Director Detail

Date